

BUILDING A SPECIALIZED MODEL OF CARE FOR YOUTH AT RISK OF SEXUAL
EXPLOITATION IN THE CHILD WELFARE SYSTEM: A SYSTEMATIC REVIEW AND
EXPLORATORY PROGRAM EVALUATION

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ABSTRACT

Sex trafficking is a global issue with the true prevalence of this crime being unknown. Youth are at heightened risk for sexual exploitation due to normative developmental vulnerabilities such as the desire for romantic relationships and their developing cognitive abilities. Child welfare samples indicate even higher prevalence rates, as traffickers target these youth related to their adverse childhood experiences. Despite the critical need, few programs exist to support youth who are at risk of sex trafficking. The present dissertation sought to identify components critical to a model of care for youth in the child welfare system, at risk of sexual exploitation. Chapter 1 introduces the issue of sex trafficking among youth in care, particularly in Canada, and provides a brief review of relevant literature and the critical need to support youth in this population through relevant programming. Chapter 2 (McDonald, Fisher, & Connolly, 2023, Child Abuse and Neglect) draws on multiple forms of evidence including a systematic literature review and interviews with experts-by-experience (i.e., survivors and child welfare personnel) to identify convergent and divergent evidence for best practices and components important for a model of care. Findings support a model comprised of two overarching components: 1) wraparound supports, and 2) trained caregivers and supported foster homes. Experts also uniformly expressed that an appropriate model of care would require child welfare agencies to take a preventative stance on the issue, such as conducting early coordinated risk assessments on all youth in care. Recommendations were provided to collaborating child welfare agencies. Chapter 3 (submitted to the Journal of Child and Family Social Work) is a multi-case qualitative evaluation of the exploratory START with the YOUTH (STAR-Y) program for three youth who were at risk of sex trafficking, and their families. Results indicated successful program implementation; a reduction in youth risk factors over time related to sexual

exploitation including youth no longer engaging in concerning Internet behaviour. Wraparound supports and the foster parent-youth relationship appeared important in the decrease of risk over time. Chapter 4 concludes the dissertation through a review of the study findings, associated theoretical models, and future clinical and research directions. Overall this dissertation contributes to clinical research and practice through exploring ways in which we can support youth in the child welfare system at risk of and possibly engaged in sex trafficking.

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Chapter 1: Introduction

Sex trafficking is a global issue with the true prevalence of this crime being unknown. Youth are at heightened risk for sexual exploitation due to normative developmental vulnerabilities such as their desire for romantic relationships and developing cognitive abilities. Child welfare samples indicate even higher prevalence rates, as traffickers target these youth related to their adverse childhood experiences. Despite the critical need, few programs exist to support youth who are at risk of sexual exploitation compared to programs that are targeted to support youth who are actively entrenched. The present dissertation sought to identify components critical to a model of care for youth in this population given the child welfare system is particularly poised to take a preventative approach in supporting youth who are at risk. The present chapter introduces sex trafficking with a focus on the Canadian context, explores the continuum of risk including theoretical factors underlying heightened risk for youth in the child welfare system, and discusses the current research program.

Trafficking Definitions

Human trafficking is arguably one of the of the most common criminal activities around the world with approximately 40.3 million trafficking victims indicated and hundreds of thousands reported in the United States and in Canada (International Labor Organization and Walk Free, 2017). Of these estimates, 1.0 million were children and 99 percent were girls and women. Human trafficking can include forced labor and sex trafficking, defined as "the recruitment, transportation, transfer, harboring, or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power, or of a position of vulnerability or of the giving or receiving of payments or benefits to

achieve the consent of a person having control over another person, for the purpose of exploitation.” (UNODC, 2007).

Sex trafficking is one of the most common forms of human trafficking and *the risk of involvement* in youth populations is the focus of the present dissertation. Sex trafficking is often understood by separating victims based on their age (under or over 18 years old) who are recruited and induced by force, fraud, or coercion (Trafficking and Violence Protection Reauthorization Act, 2013). Sexual exploitation or sex trafficking refers to the recruitment, transportation, harbouring, and/or direct control over an individual for the purpose of sexual exploitation (Public Safety Canada, 2015; Trafficking Victims Protection Act, TVPA, 2000). The United Nations Convention on the Rights of the Child along with the optional protocol *On the sale of children, child prostitution and child pornography* (UN CRC; Office of the United Nations High Commissioner for Human Rights, 2000) operational definition was used in this dissertation. Children were defined as anyone under the age of 18 years old in accordance with the UN CRC. The term commercial sexual exploitation of children (CSEC) has often been used to describe the sexual abuse of children throughout the United States (Franchino-Olsen, 2021); though sex trafficking is often used when adults are included in the samples (Middleton et al., 2022). For the purposes of this dissertation, the terms sexual exploitation and sex trafficking were used interchangeably given that the literature reviewed often combines child and adult populations.

Human Trafficking in Canada

Sections 279.01 and 279.011 of the *Canadian Criminal Code* (1985) criminalize human trafficking with perpetrators imprisoned between 4-14 years for trafficking adults and 5-14 years for trafficking children. It is important to emphasize that sex trafficking and prostitution are not

the same; sex trafficking is considered abusive and a serious crime under the *Criminal Code* versus non-coerced prostitution which is legal in most cases in Canada (SCC 72, 2013). The province of Ontario is identified as a major hub for sex trafficking with the majority of cases occurring in the Greater Toronto Area (RCMP, 2014). Police services in Canada, specifically, reported approximately 1700 incidences of human trafficking between 2009 and 2018, with Ontario and Nova Scotia having the highest rates (Cotter, 2018). However, the clandestine nature of trafficking and the varied legal definitions globally have made prevalence research challenging (Riordan, 2006).

The *National Strategy to Combat Human Trafficking in Canada 2019-2024* includes an overarching plan to empower survivors (Public Safety Canada, 2018). This strategy is supported by an investment of 75 million dollars over six years that includes the new Canadian Human Trafficking Hotline and funding toward implementing an enhanced suite of initiatives that strengthen Canada's response and fill critical gaps. The Government of Canada's enhanced approach includes pillars of 1) Empowerment and supporting victims and survivors to regain control and independence and encouraging action by industry partners; 2) **Prevention and increasing awareness and building capacity to prevent human trafficking in Canada and abroad which includes implementing pilot projects for at-risk youth**; 3) Protection and culturally informed services; 4) Prosecutive and increasing criminal justice system capacity; and 5) Partnerships and improving national and international coordination to address human trafficking. The present dissertation research collectively falls under the National Strategy to Combat Human Trafficking through implementing and evaluating a pilot project for at-risk youth.

Experiences of Trafficking Victims

Like many other victims of trauma, victims of sex trafficking present with a complex set of psychological and physical symptoms related to the abuse endured while being trafficked (Abas et al., 2013; Oram, Khondoker, Abas, Broadbent, & Howard, 2015; Ottisova et al., 2016; Varma et al., 2015). Varma and colleagues (2015) indicated that almost 40% of youth seeking emergency medical services post-trafficking in the United States were diagnosed with a mental health disorder. Approximately 26% of these youth met the criteria for post-traumatic stress disorder (PTSD). Another study indicated that sexual violence and physical injuries sustained during trafficking, as well as the length of time trafficked (greater than 6 months), increased the risk of PTSD and other mental health concerns in victims (Hossain et al., 2010). In addition to the high prevalence of PTSD observed among youth involved in sex trafficking, notable prevalence estimates are indicated of depression (26%), anxiety (57%), stress and adjustment disorders (27%), affective disorders (27%), as well as instances of conduct disorder, oppositional defiant disorder, attention deficit hyperactivity disorder, bipolar disorder, schizophrenia, and suicidality (Greenbaum et al., 2013; Oram et al., 2015; Ottisova et al., 2016; Varma et al., 2015). Moreover, many youths report substance use post-trafficking (Goldberg, Moore, Houch, Kaplan, & Barron, 2017; Ottisova et al., 2016; Varma et al., 2015), often exacerbating or leading to further mental health concerns. Thus, given the severe mental health outcomes associated with sex trafficking, it is especially important to take a preventative stance and support youth who are at risk of sex trafficking.

Youth Pathways into Sex Trafficking

In supporting those who are at risk of sex trafficking, it is essential to focus attention on adolescents due to the normal developmental struggles that some youth face (Schwartz, 2015).

For example, some youth experience challenges with their identity formation, engage in unsupervised peer and romantic relationships, demonstrate risk-taking behaviours, and endure various cognitive changes related to their problem-solving abilities. However, it is important to note that these difficulties are not inevitable and inherent to all youth. Nonetheless, sex traffickers in North America understand the developmental vulnerabilities inherent to adolescence and are experienced in the art of manipulation; exploiting their young victims' developmental and basic needs through promises of friendship, love, money, shelter, and dependencies including drugs and alcohol (Moore et al., 2017; Williamson, & Prior, 2009; Schwartz, 2015). As well, youth are highly accessible online through social media platforms, increasing the ease at which traffickers can connect with them anonymously (Greenbaum, Crawford-Jakubiak, & the Committee on Child Abuse and Neglect, 2015).

The recruitment and exploitation of youth – in particular – into the sex trade is unique as compared to adult populations due to their inherent vulnerabilities and differential needs (Dank et al., 2017). Baird and Connolly's (2021) systematic review identified that exploitation occurs along a continuum comprising: the recruitment context, methods of entrapment, and enmeshment. With respect to prevention, it is important to focus attention on *the recruitment context*. Recruitment factors that contribute to risk include trafficker characteristics such as who the traffickers are and their relationship with the youth (e.g., family members, schoolmates, boyfriend of a friend); and youth characteristics such as youth needs that have not been met, history of involvement in systems such as child welfare, mental health difficulties, and other inherent vulnerabilities. Moreover, location can also contribute to risk; such that, youth who spend more time online or in various locations where traffickers frequent might be more vulnerable to exploitation. As described by Baird and Connolly (2021), methods of entrapment

following recruitment include traffickers engaging in both romantic (e.g., grooming, false promises of love, manipulation) and aversive tactics (e.g., blackmail, violence, rape). The enmeshment process following entrapment largely centers around control tactics imposed by the trafficker combined with dependency strategies, such as the trafficker providing some sort of need (e.g., drug), and or the youth's relationship with and attachment to the trafficker.

Factors that Heighten Risk in Youth Populations

Several factors can increase the risk and vulnerability to sexual exploitation in youth populations (Bronfenbrenner, 1981; Finigan-Carr et al., 2019). Finigan-Carr and colleagues (2019) adapted the Bronfenbrenner model to conceptualize how factors at four levels contribute to youth sex trafficking (“A Traumagenic Social Ecological Framework”): 1) societal level, b) community level, c) relationship/interpersonal level, and d) individual/intrapersonal level, with social norms existing and interacting at all levels. This framework includes the influence of one's personal history from a psychological perspective of child maltreatment relating to vulnerability (Belsky, 1980), as well as Finkelhor and Browne's (1985) traumagenic model, which describes how a history of abuse (specifically sexual abuse) negatively impacts children's emotional, cognitive, and relational development, and can serve to heighten the risk of involvement.

At a societal level, macro-level processes including health, educational, and social policies, contribute to the vulnerability of youth involvement in sex trafficking. Specific factors include a culture of capitalism, legislation and policy regarding trafficking and prostitution, and societal awareness of the issue. At the community level where social relationships occur in schools, workplaces, and neighbourhood, several risks affect vulnerability to sex trafficking. Risk factors for sex trafficking include socioeconomic status, social values and norms, and involvement in the child welfare and juvenile justice systems (Finigan et al., 2019); however,

most service models (Bounds, Julion, & Delaney, 2015; Twill et al., 2010) and screening measures currently in place were developed among juvenile justice system-involved youth and not necessarily with youth involved in the child welfare system. As described in this framework, system involvement can contribute to vulnerability and risk, as youth involved in the child welfare system are often directly recruited from foster care or group homes (Baird, McDonald, & Connolly, 2020; Fong & Berger-Cardoso, 2010).

At the relationship/interpersonal level, Finigan et al. (2019) describe the intersection between individual and intrapersonal factors in microsystems that serve to increase youth vulnerability to sex trafficking. Researchers note Grauerholz's (2000) approach to understanding sexual revictimization, particularly increased risk and exposure to potential traffickers and a heightened vulnerability to the manipulative behaviours used by traffickers (e.g., being an adolescent in general; Schwartz, 2015). In this vein, studies indicate that youth victims of sex trafficking often have adverse childhood experiences (ACES, Landers et al., 2020) including limited family support or parental supervision, family dysfunction, instability, as well as a history of trauma and abuse (e.g., Baird et al., 2020; Clawson, Saloman, & Grace, 2009; Gibbs et al., 2018; Franchino-Olsen et al., 2022; Fong & Cardoso, 2010; O'Brien et al., 2017; Turner-Moss et al., 2014). It is predicted that these factors interact to increase exposure to trafficking in the community, contributing to the pathway into sexual exploitation noted above (Reid, 2011). In this realm, vulnerability is also hypothesized to lie in the way traffickers actually recruit their victims (physical force, false promises, psychological coercion, or manipulation) and the damaging impact that child maltreatment has on a youth's ability to form healthy relationships thereby increasing their risk. Studies indicate that maltreated children begin sexual activity at an

earlier age, which is also associated with higher instances of sexual exploitation (Fergusson, Horwood, & Lynskey, 1997).

The Strain Theory (Agnew, 2006) helps to explain factors at the individual/intrapersonal (child) level and the influence of the broader social and physical environments (Finigan et al., 2019). For instance, child sexual exploitation is more likely to occur when youth have experienced various strains, such as 1) negatively valued stimuli including physical abuse, 2) failure to achieve social norms such as completing high school, and 3) losing positively valued stimuli (e.g., family and parents). These stressors increase the likelihood of involvement in sex trafficking or being exposed to environments where sexual exploitation is more likely to occur. In line with this theory, quantitative research yields individual risk factors such as childhood maltreatment, family difficulties, homelessness, poverty, lack of education, and substance use (e.g., Choi, 2015; Finigan et al., 2019).

Given this model, it is not surprising that youth involved in the child welfare system are at higher risk of involvement in sex trafficking related to the number of risk factors present at all four levels. That is, youth in the child welfare system are impacted at the societal level by changing policies and legislations, often experience lower socioeconomic status at the community level, enter the child welfare system related to family dynamics at the interpersonal level, and are more likely to run away, experience homelessness, child maltreatment, and have mental health problems at the individual/child level. Thus, child welfare samples indicate high prevalence rates of sex trafficking victims ranging from 54 to 80 percent (Hickle & Roe-Sepowitz, 2018; Lanctôt et al., 2020; Landers et al., 2017; Reid, 2018). There are different pathways in which trafficked youth become involved in child welfare. On the one hand, children might already be in care related to adverse childhood experiences (ACES, Landers et al., 2020),

such as having limited family support or parental supervision, as well as a history of trauma, abuse, and homelessness (e.g., Baird et al., 2020; Clawson & Grace, 2010; Gibbs et al., 2018; Franchino-Olsen et al., 2022; Fong & Cardoso, 2010; O'Brien et al., 2017; Turner-Moss et al., 2014) and their recruitment can occur directly from foster care or group homes (Rosenblatt & Murphey, 2014; WestCoast Children's Clinic, 2012). On the other hand, youth with other risk factors including adolescence in general, runaway behaviours, homelessness, substance use, and mental health needs might become involved in sex trafficking and then be referred to child welfare following identification by police (e.g., O'Brien, White, & Fraga Rizo, 2017). Trafficked youth involved in child welfare are more likely than non-exploited peers (Baglivio et al., 2014) to report continued runaway behaviour, demonstrate externalizing behaviours, and have mental health difficulties including substance use problems and complex trauma (Baird et al., 2020; Lanctôt et al., 2020; O'Brien et al., 2017). Thus, it is essential that prevention initiatives aim to build resilience in youth involved in the child welfare system to decrease their risk of sexual exploitation.

Models of Care for Youth in the Child Welfare System

Despite their enhanced level of risk and the abuse experienced once they are trafficked, there are few appropriate care options for *youth who are at risk of sexual exploitation* in the child welfare system. Identifying how to best support and promote resilience in youth at risk of sexual exploitation falls in line with *The National Strategy to Combat Human Trafficking 2019-2024* and is especially important given the rise of sex trafficking in Canada over the last 10 years, coupled with the young age of the individuals being trafficked (Statistics Canada, 2016).

Moynihan, Pitcher, and Saewyc (2018) conducted a systematic review of the interventions that foster healing among sexually exploited children and adolescents broadly (not

just in the child welfare system). This review included studies that grouped confirmed youth who had been sexually exploited with youth who were at risk of involvement. The authors identified 22 unique interventions that included: focused health and/or social services, intensive case management models, psychoeducational therapy groups, residential programs, and various other wraparound services. Most interventions appeared to reduce the risk of involvement for some youth and foster healing among sexually exploited youth; however, the interventions did not specifically attend to children involved in the child welfare system or differentiate interventions that are more appropriate for youth at risk of involvement versus entrenched. It is essential that an appropriate model of care be developed for youth who are at risk of involvement with a focus on building resilience through targeted protective factors thereby reducing psychosocial risk at all four levels (Finigan et al., 2019).

The extant research on children and youth in the child welfare system who are at risk of sexual exploitation largely includes models of care derived from the United States and the United Kingdom, which provide a useful starting point for the development and implementation of a pilot therapeutic model of care in Canada. It is important to note, however, that child welfare systems differ and each agency has its own specific needs, mandates, and program goals. That is, what works for one agency may not be feasible for another agency. The definition of program success may also differ across agencies and within and across parent and youth populations.

Evaluations of specialized models of care in the child welfare system in other youth populations including girls in the juvenile justice system indicate significant reductions in delinquency and criminal referrals (Leve, Chamberlain, & Reid, 2005). Thus, it is essential to explore the feasibility of such a program for youth at risk of sexual exploitation in Canada, particularly in Ontario, given that it is currently a hub for the sex trafficking of young girls in the

child welfare system (RCMP, Human Trafficking National Co-ordination Centre, 2014). More research is needed to understand the components that are necessary for developing and implementing a pilot model of care for youth who are at risk of involvement.

Building a Model of Care for Youth in the Child Welfare System

In July 2017, the Ministry of Community and Social Services Anti-Human Trafficking Community Supports requested the support of York University's Teen Relationships Lab to develop and evaluate a model of care for youth at risk of involvement in sex trafficking including identified survivors in the child welfare system. The initial phase of the pilot evaluation involved a recruitment strategy (for foster parents and youth) and a pre-service training approach. Between January-March 2019, foster parents were identified and approached by York Region CAS and Simcoe Muskoka Family Connexions. Foster parents were provided with online pre-service training resources on sex trafficking: 1) <http://helpingtraffickedpersons.org/>; 2) OACAS Human Trafficking: A Child Protection Concern Webinar, <http://oacas.adobeconnect.com/p1prtunitvef/>; and 3) information about upcoming Human Trafficking Awareness Workshops (May 27, 2019; York Region Police Association), if they had not attended one previously (September 2017).

In total, three families were recruited to attend an interactive in-person workshop on March 8, 2019. Following the workshop, one family continued to express interest and meet the eligibility criteria to foster youth in the program (Simcoe Muskoka). At the time, however, there were no youths identified who were victims of sexual exploitation or that needed this type of placement at Simcoe Muskoka Family Connexions. In order to circumvent this challenge, a modified approach was implemented in which child welfare identified: youth who were at high risk of involvement or potentially involved who were already living in homes that could benefit

from enhanced services including an assessment with a psychologist to individualize their wraparound services. This process was determined to be more effective given the difficulty experienced in recruiting highly trained parents. It was determined that a risk tool could further help to identify youth already in care suspected of being involved and prevent some of the difficulties current families were facing.

Overall, it appeared successful to “start with the youth” in terms of pilot program recruitment. Thus, instead of identifying and recruiting foster parents, this involved identifying youth who were at risk of involvement or involved to determine exactly where they were living, whom they were living with, at the stage they were willing to participate, and then to provide these youth and their respective families with the option to participate in the program. Program modifications ultimately led to the START with the YOUTH therapeutic pilot program for youth at risk of sex trafficking evaluated in this dissertation (see Appendix C for an overview).

Current Dissertation

Promoting resilience in youth in the child welfare system through targeted protective mechanisms can help to reduce the risk of sexual exploitation. There was a current need to develop a pilot program and model of care to prevent sexual exploitation from occurring to youth in the child welfare system. Through collaboration with Simcoe Muskoka Child, Youth & Family Services (Family Connexions) and York Region Children’s Aid Society, this dissertation addressed important gaps in the literature surrounding prevention initiatives for youth at risk of sexual exploitation in the child welfare system in Canada.

This dissertation includes a program of research that outlines the development, implementation, and evaluation of a pilot model of care for this population. The first study (Chapter 2) is a systematic review and qualitative inquiry aimed to identify important

components in a model of care for youth at risk of (and engaged in) sexual exploitation through literature review and interviews with experts-by-experience (i.e., survivors and child welfare personnel). The second study describes (Chapter 3) the implementation and evaluation of a pilot model developed to support youth who are at risk of sexual exploitation in the child welfare system using a multi-case study approach. Three families were evaluated with a focus on promoting resilience through the reduction in youth risk factors and the addition of protective mechanisms. This dissertation is presented in four chapters to achieve the research objectives. The final chapter (Chapter 4) summarizes the research findings and discusses policy and practice implications, limitations, and future research directions. Findings from this dissertation contribute to the scalability and refinement of future research and practice in this area.

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Chapter 2: Building A Specialized Model of Care for Youth Involved In Sex Trafficking In Child Welfare: A Systematic Review and Interviews With Experts-By-Experience¹

Sex trafficking is a global yet clandestine issue with the true prevalence of this shameful crime being largely unknown (Franchino-Olsen et al., 2022; Reid & Jones, 2011). The International Labour Organization estimates that approximately 4.5 million individuals are sexually exploited worldwide including almost 1 million children (International Labour Organization & Walk Free, 2017; Varma et al., 2015). Child welfare and juvenile justice samples experience high prevalence rates ranging from 54 to 80 percent (Hickle & Roe-Sepowitz, 2018; Lanctôt et al., 2020; Landers et al., 2017; Reid, 2018). From a North American perspective, legislation has been adopted in both Canada and the United States of America (USA) to combat human trafficking. Sex trafficking became criminalized in 2005 in Canada (Government of Canada, 2015) and 2000 in the USA following the passing of the *Trafficking Victims Protection Act* (Polaris Project, 2020).

The child welfare system has a particularly important role to play in caring for children and youth concerning protection, case management, housing, and placement needs. Stressors caused by the COVID-19 pandemic, in particular, have certainly exacerbated issues that contribute to placement in care including increased economic hardships and parental difficulties in accessing services (U.S. Department of Health & Human Services, Administration on Children, Youth, and Families, Children’s Bureau, 2021). In North America, the importance of supporting families so children can remain at home or in “kinship care” is uniformly recognized

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across organizations. However, it is important to note that some kinship care placements can be dangerous. It is also difficult to compare child welfare organizational structures in the United States and Canada; however, almost half a million children in the United States were victims of abuse in 2019 and at least half of these children entered foster care (U.S. Department of Health & Human Services, Administration on Children, Youth, and Families, Children's Bureau, 2021). In Canada, there are almost 50,000 children and youth living in foster care (Government of Canada, 2012), though these numbers are difficult to ascertain due to youth coming in and out living situations. Thus, it is important (and timely) to explore ways in which foster care can support youth at risk of sex trafficking in child welfare.

There are different ways in which trafficked youth can be involved in child welfare. Children might already be in care related to adverse childhood experiences (ACES, Landers et al., 2020), such as having limited family support or parental supervision, as well as a history of trauma, abuse, and homelessness (e.g., Baird et al., 2020; Clawson & Grace, n.d; Gibbs et al., 2018; Franchino-Olsen et al., 2022; Fong & Cardoso, 2010; O'Brien et al., 2017; Turner-Moss et al., 2014) and their recruitment occurs directly from foster care or group homes (Rosenblatt & Murphey, 2014; WestCoast Children's Clinic, 2012). On the other hand, youth with other risk factors including adolescence in general, runaway behaviours, homelessness, substance use, and mental health needs might become involved in sex trafficking and then be referred to child welfare following identification by police. Trafficked youth involved in child welfare are more likely than non-exploited peers including youth in the justice system (Baglivio et al., 2014) to report continued runaway behaviour, demonstrate externalizing behaviours, and have mental health difficulties including substance use problems and complex trauma (Baird et al., 2020; Lanctôt et al., 2020; O'Brien et al., 2017).

Due to their extensive and ongoing needs, the 2014 *Preventing Sex Trafficking and Strengthening Families Act* in the United States required states to identify and provide services for youth in the child welfare system who are at risk of or who are survivors of trafficking (Clawson & Grace, n.d; Fong & Cardoso, 2010; Kotrla, 2010). Further, Canada's Bill 251 (Jones, 2021) recently amended the *Child Youth and Family Services Act* in October 2021 to mandate that child protection workers could bring a child below the age of 17, including those who are 16 or 17, to another location (or placement including foster care) to provide services, *if they have reasonable grounds that the child has been sexually exploited* (new section, 77.1). Therefore, there is a need to specifically understand how to support youth involved in the child welfare system who are at risk of being lured into or have been impacted by sex trafficking.

Current literature reviews on programming for trafficked youth, in general, identify the need for wraparound services that provide individualized trauma therapy, behavioural interventions, and substance use treatment. In particular, Moynihan and colleagues (2018) highlighted 22 unique interventions including focused health and/or social services, intensive case management models, psychoeducational therapy groups, residential programs, and various other services. Most interventions fostered healing among sexually exploited youth. However, there was only one program identified specific to child-welfare involved youth, describing a specialized foster care program for individuals at risk of sex trafficking (i.e., Shuker, 2015).

It is also critical to situate relevant literature review findings into practical context through interviews with key stakeholders, such as survivors of sex trafficking and child welfare workers (Luchenski et al., 2018; Videmšek & Fox, 2018). There is an increasing evidence base for the involvement of key service users or “experts” in the development of critical interventions across disciplines in psychology and social work (Videmšek, 2017; Videmšek & Fox, 2018).

Several practice improvements have resulted from including service users in program development. Their voices and perspectives have become valuable within the research process and are known as ‘experts-by-experience.’

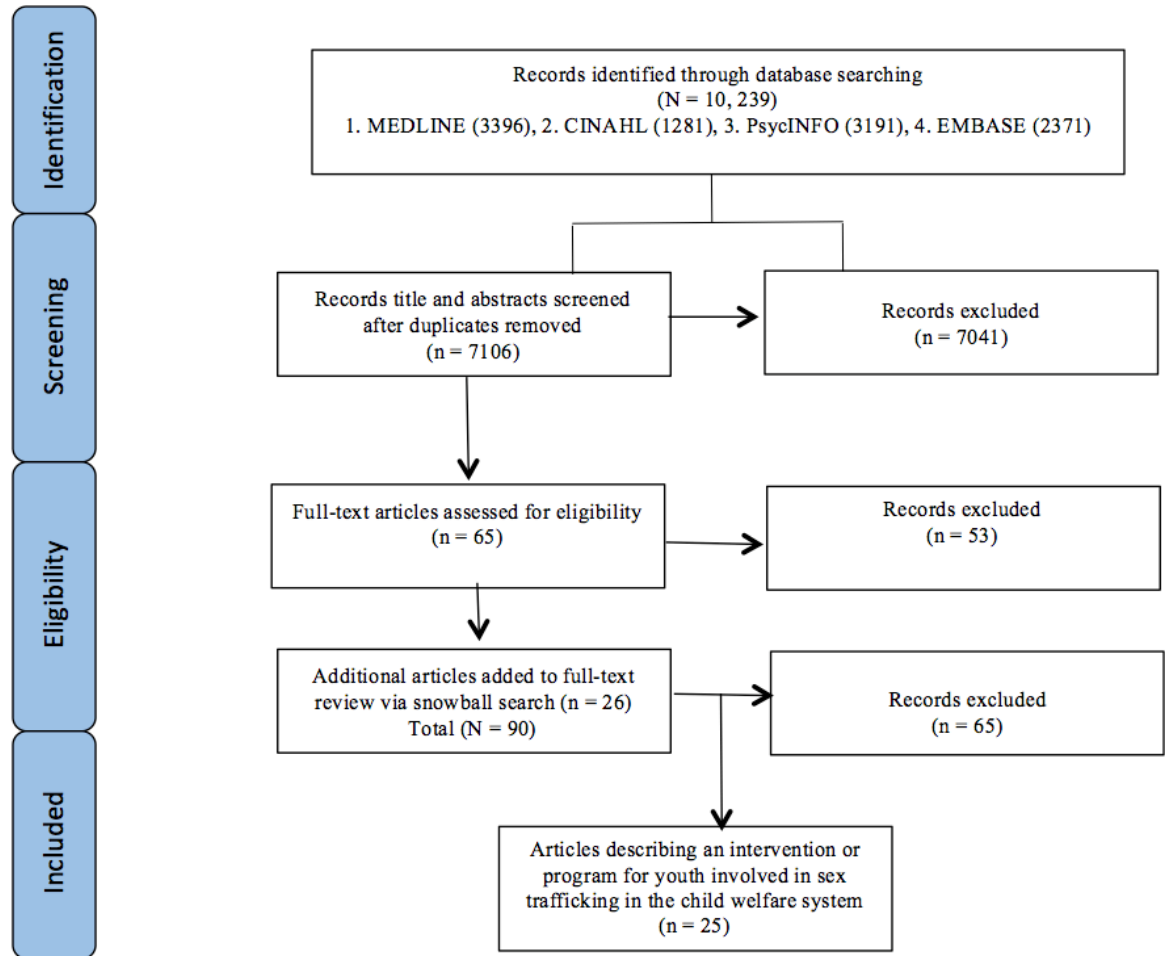
The present investigation aimed to identify program components to assist with the development of a specialized model of care for child-welfare involved youth at risk of sex trafficking through a systematic review and interviews with experts-by-experience. The following research questions guided the present investigation: 1) What are recommended model of care components for youth involved in sex trafficking in child welfare based on systematic literature review?: and 2) to what extent are recommendations from experts-by-experience convergent with or divergent from this evidence?.

Methods

Systematic Review of the Literature

The ethical research committee at York University approved the present study. We limited our review to studies published from 1990 onward following international definitions regarding sex trafficking. The review adhered closely to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines (Moher et al., 2009) for the analysis and reporting of the article data. See Figure 1.

Figure 1
PRISMA Flow Diagram of Search Result



The systematic review inclusion criteria were: 1) the sample included youth involved in the child welfare system; 2) the article or government report referred to sex trafficking or commercial sexual exploitation; 3) the article specifically described a model of care, program, or intervention developed for youth who experienced sex trafficking; and 4) the article was not a systematic review, commentary, book chapter, or editorial. We chose to exclude programs that were exclusively focused on training staff to work with this population, although these programs provide excellent training models for child welfare personnel in the domain of sex trafficking

(i.e., Kenny et al., 2019; McMahon-Howard & Reimers, 2013). We used two methods to identify relevant articles and or government reports: 1) database searches of peer-reviewed literature, and 2) reference lists for all articles selected for full-text review including ‘snowball’ and backward reference searches on relevant articles through PubMed and Google Scholar. Search terms and keywords were developed based on multiple consultations with an expert university social sciences reference librarian (see Table 1 for concept chart and key terms). Final database searches were rerun on March 3, 2021, including studies from January 1, 1990.

Table 1
Concept Chart using MeSH and Keyword Search Terms in MEDLINE (Ovid) Database

Category	Age Groups	Child Welfare	Sex Trafficking	Program or Model
MeSH terms	adolescent/ or child/ or child, abandoned/ or child, foster/ or child, orphaned/ or child, unwanted/ or minors/	child advocacy/ or child care/ or child custody/ or child welfare/	human trafficking/ or rape/ or sex offenses/ or prostitution/ or sex worker/	child guidance/ or community mental health services/ or crisis intervention/ or custodial care/ or emergency services, psychiatric/ or foster home care/ or group homes/ or halfway houses/ or mental health services/ or orphanages/ or psychosocial intervention/ or Rehabilitation/ or social work, psychiatric/ (Aftercare or Anti- traffick* or custodial care or Foster* or kinship care or orphanage* or group home* or
Keyword terms	(adolescenc* or child* or juvenile* or minor* or runaway* or teen* or underage* or	(Childrens Aid Societ* or Child Protect* Service* or Child Welfare)	(Sex* adj5 (abduct* or abus* or coerc* or exploit* or industry or sale* or selling* or surviv* or trade or	(Aftercare or Anti- traffick* or custodial care or Foster* or kinship care or orphanage* or group home* or

under-age* or
youth* or (young
adj2 (person* or
people)))

(advoca* or
aid or care or
custod* or
protect* or
service* or
social work*
or societ* or
support* or
welfare)

trading or
traffick* or
transact* or
work*))

(prostitut* or
porn*)

halfway house*)
((cris?s or
emergenc* or
harm* or mental*
or psychosocial or
psychologic* or
risk* or victim*)
adj5 (interven* or
minim* or
program* or
protocol* or
reduc* or rehab*
or service* or
treat*))

(Minnesota
Runaway* or
Counter-Traffick*
or Kolkata
Sanveds model*
or Sampoornata or
law enforcement
first responder
protocol* or
ARPAN or
Resiliency
Intervention* for
Sex* Exploit* or
Love146 or
Project intersect*
or RELENTLESS
or Cherish Hous*
or Reclaim13* or
Mount Sinai
Adolescent Health
Center* or CAREs
clinic* or Home*
for commercial*
exploit* youth* or
((Adolescen* or
child*) adj3
(Protect or
Cent*))

Note. MeSH is an acronym for Medical Subject Headings on MEDLINE. Vocabulary varied

slightly across databases and minor modifications were made; “adj5” is the controlled vocabulary that searches for these two words within 5 words of each other.

Experts-by-Experience Evidence

The second strategy of the present investigation involved situating the literature review findings into context and exploring the convergence and divergence of evidence through interviews with experts-by-experience (Luchenski et al., 2018; Tuffour, 2017; Videmšek & Fox, 2018).

Participants

Experts included survivors removed by police from sex trafficking ($n = 6$; ages ranged from 22-29 years), including some women with direct child welfare involvement ($n = 3$) and personnel from child welfare agencies ($n = 13$). The recruitment process for survivors and child welfare workers differed and is described in more detail below.

With respect to engaging with survivors for potential participation in the present research, researchers and community partners met on several occasions to discuss appropriate recruitment and consent procedures. A “Human Trafficking” committee including legal counsel, child welfare personnel, and a detective sergeant with a local police agency were consulted. It was determined that the detective sergeant who oversaw the Human Trafficking unit at a local police department would identify potential interview candidates through confidential discussion within his unit. Police officers then received a standardized script along with a *consent to contact* form and briefly presented the study to eligible participants between the ages of 13-30 years and who did not meet the exclusion criteria (e.g., involved in the court process and more than 7-years since extraction from the sex trade). Community partners additionally identified potential interview candidates through their agencies, and if they considered whether the survivors would

be comfortable discussing their experiences based on their professional judgment. They introduced the study using the same standardized script that police officers used. Survivors then indicated whether they wished to learn more about the study and provided consent for the researchers to contact them directly. If survivors chose to proceed with the study, a meeting was arranged for data collection at a safe yet mutually preferred location (for the researcher and the survivor). The interview locations were chosen based on discussions with community partners and fell in line with recommendations provided by the World Health Organization regarding ethical principles for conducting research with youth survivors of sex trafficking (Zimmerman & Watts, 2003). Consent was obtained from the participants themselves. Of the six referrals provided, all participants agreed to participate in study.

With respect to the recruitment of child welfare workers, the director of intake and assessment at the local child welfare agency identified potential interview candidates who worked with youth in various capacities (e.g., group home staff, social workers) and who had contact with youth who were involved in domestic sex trafficking. Workers were given the option to “opt out” of being contacted by the researchers if they were not interested in hearing more about the study. The research team was then given a list of individuals who met the criteria for participation. All of the child welfare workers contacted by researchers to hear more about the study agreed to participate. Child welfare personnel participants included Intake and Assessment Workers ($n = 2$), Supervisors of Children’s Service Workers ($n = 4$), Family Service Workers ($n = 2$), and one each of a Residential Development Supervisor, Children’s Service Worker, Foster Parent, Manager of Family Intervention, and Youth Service Worker. Years of experience ranged from 1 to 30 years, with 10 out of 13 workers having over 8 years experience in child welfare. Most of the interviews with workers were conducted at their respective child

welfare agency in a private board room. Two of the interviews were conducted over a secure virtual platform.

All interviews including those with child welfare workers and survivors were transcribed verbatim by a research assistant involved in the project. The audio was uploaded to a transcription software called “StartStop” which included a peddle for ease of transcription. Instructions were provided to remove identifying information such as names. The transcripts were reviewed by the lead author to ensure they were properly deidentified. The average length of the sections used for the study was the second half of the interview, which was approximately 60 minutes.

Procedure

Semi-structured interviews were used as part of a larger project investigating risk and recruitment for youth involved in sex trafficking. These interviews consisted of 20 questions related to workers’ and survivors’ experience with sex trafficking recruitment (Baird et al., 2020). All interviews were reviewed in their entirety as participants brought forth ideas about model of care components when discussing various topics ranging from their role in the agency, the recruitment strategies they have observed in traffickers, prevention efforts, intervention, and barriers to extracting youth from the sex trade. However, some questions posed by researchers were more directly related to components necessary for building a model of care including: what ideas do you have about what agencies can do to prevent young people from sexual exploitation; what do you think is important for mental health providers to know; how do you think child welfare could best help keep youth safe; and what do you think would be important in foster care placements for survivors.

Analysis

First and foremost, with respect to reflexivity and transparency about our “theoretical knowingness” (Braun & Clarke, 2019, p. 592), due to our ontological and epistemological positions, the interview data was approached through a post-positivist lens (Ponterotto, 2002, 2005), with theoretical knowledge on sex trafficking and child welfare best practices guiding our analysis. Post-positivism describes both our approach to the knowledge and our assessment of the reality of the data (Fox, 2008; Given, 2008). This method incorporates approaches to knowledge that are rejected by positivism; social reality is viewed from the perspective that it is neither objective nor independent of the subjects involved and emerges from the collaborative construction of concepts, values, and beliefs (Fox, 2008), requiring empathy and reflexivity on the part of the researcher.

Regarding the interviews with experts, we focused on identifying the model of care components recommended by experts for youth involved in sex trafficking in the child welfare system. Open-ended responses were extracted from the interviews for data management software (e.g., ATLAS.ti, version 7.5.6). Reflexive thematic analyses were used to generate, analyze, and describe patterns in the interview data (Braun & Clarke, 2006; 2012; 2013; 2019). A priori codes were not imposed on the data unless to organize initial categories, resulting in codes that were both data and literature driven. The first and second authors reviewed and compared the initial code list to create a working codebook. However, it is important to note that although we created a “working” codebook, this process was open and recursive, as we were constantly renaming, expanding, splitting apart, collapsing codes and abandoning others. Coding was interpretive, conceptual, and reflexive (Clarke & Braun, 2021). To ensure context was preserved, data were coded inclusively. The authors defined and explicated themes related to models of care components for further discussion. With respect to data saturation, given that we engaged in a

reflexive thematic approach, there was not a true saturation process or “no new information, codes or themes” (Clarke & Braun, 2018, p. 204). We were constantly creating codes and themes and reflecting on them throughout the data analysis process.

Following completion of the systematic review and the thematic analyses (i.e., interviews with experts-by-experience), content analysis was used to evaluate the convergence and divergence of ideas between the two sets of data (Hsieh & Shannon, 2005; Wu et al., 2016) as a discussion point. We explored whether components that were noted in the systematic review (or categories) were convergent or divergent across themes and categories identified through the thematic analysis.

Results

Systematic Review Program Characteristics

All identified articles were published between 2010 and 2020. We identified 25 articles from 19 unique programs where child welfare youth were involved. The reviewed studies included 20 journal articles and 5 government reports (Armstrong et al., 2016; Shuker, 2011; Shuker, 2012; Shuker, 2013; Scott et al., 2017). Of the 19 programs, 4 programs were specifically implemented in the child welfare system and the other programs accepted referrals from youth in child welfare and youth from other samples (e.g., the justice system, general population). Most programs included participants from North America (the United States and Canada); and two interventions included participants from the United Kingdom (e.g., Shuker, 2015; Scott et al., 2017). See Table 2 below for additional program details.

Table 2
Characteristics of Programs Reviewed

Intervention Name	Description	Studies	Location; Setting	Outcomes
Citrus Helping Adolescents Negatively Impacted by Commercial Exploitation (CHANCE)	Child Welfare: Specialized foster care for youth. Foster parents are trained, and youth are provided wraparound supports	Armstrong et al., 2016; Landers et al., 2020; 2017	Miami-Dade County, Florida; foster, therapeutic, foster, and group home care	Improvement on youth strengths, life functioning, behavioral/emotional needs, risk behaviors, and post-traumatic stress symptoms
Project North Carolina Organizing and Responding to the Exploitation and Sexual Trafficking of Children (NO REST)	Child Welfare: Services to victims of sex trafficking, including mental and physical medical health, housing, and life skills	Duncan, 2016	North Carolina; prevention effort	Unmentioned
Safe Accommodation Project	Child welfare: Specialized foster care for youth at risk and survivors of sexual exploitation	Shuker & Pearce 2019; Shuker 2015; 2013; 2012; 2011	England, United Kingdom; Specialized foster care and at home care	Carers aware of safety strategies, stable, safe, accommodation, reduced risk of going missing, increased awareness of healthy/exploitative relationships, increased protective factors, improved wellbeing, positive relationship with foster carer(s) (2013) Increased confidence and knowledge; desire to support victims of sexual exploitation (2019)

Empower and Protect (SYEP)	for young people experiencing or at high risk of sexual exploitation who remain at home or in stable foster care		Kingdom; foster care and at home care	of the team; adolescents experienced improvement in mental health; had felt supported; placement stability achieved; staff increased confidence in working effectively with exploited youth
Lotus Psychoeducational Group	A therapeutic, psychoeducational curriculum to learn about healthy relationships	Countryman-Roswurm & Bolin, 2014	Midwest, United States; psycho-educational group	Increased self-esteem; healthier relationships; no longer exchanging sex for food, drugs, money, or shelter
Girls Group	A psychoeducational program for educating adolescent girls on healthy and unhealthy relationships and building skills to stay safe	Berry et al., 2017	United Kingdom; psycho-educational group	Increased resilience and self-esteem; reduction in psychological difficulties, risk behaviours, and alcohol and drug use; improvement on risk taking behaviours, coping abilities, and appropriate internet use
My Life My Choice	Exploited or high-risk adolescents receive mentorship from a trained adult survivor of exploitation	Rothman et al., 2020	Boston, United States; agency program	Youth less likely to experience sexual exploitation and delinquent behaviour; no changes in depression or hopelessness; no changes in dating abuse victimization; better coping skills
Project Girls Owning Their Lives and Dreams (GOLD)	Peer support and mentorship for commercially sexually exploited youth	Kenny et al., 2018; 2019	Miami, Florida; drop-in centre	Youth learned bonding, connecting, and moving forward in life, life skills, and emotion management
Project Intersect	Mental health therapy for commercially	Kinnish et al., 2020	Georgia, U.S.; Child Advocacy Centre	Significant reductions in posttraumatic stress symptoms

	sexually exploited youth			
Respecting Sexual Safety	Respectful relationships and sexuality education program for carers, building partnerships program between each child and carer, a preventative sexual safety response	McKibbin et al., 2019	Melbourne, Australia; residential houses	Increase in workers' level of confidence and knowledge working with this population; children are missing from home less often; and children are at decreased risk of harmful sexual behaviour and child sexual exploitation
STARS Experiential Group	A piloted intervention for high risk or survivors of sexual exploitation that focuses on six themes of complex trauma	Hopper et al., 2018	United States; residential treatment facility and safe house	Improved interpersonal relationships; development of regulatory skills; accessing positive somatic and emotional states; connecting with positively laden sensory memories; management of triggers and dissociation; increased awareness of bodily sensations
Acknowledge, Commit, Transform (ACT)	Treatment for sexually exploited girls who show a willingness to acknowledge sexual exploitation and/or at-risk behaviors; ability to commit to living safely in a group home, and desire to transform their lives.	Thomson et al., 2011	Massachusetts; group home	62% rate of successful completion of treatment; these youth were living in safe environments; were enrolled in school; some continued using aftercare services
Cherish House	A service for sexually exploited and trafficked girls that provides education on sex,	Ma, 2020	Unmentioned; residential	Unmentioned

	therapy, homeschool education, mentoring and life skills training			
Group Home Treatment Program	A rehabilitation program to treat girls who are being exploited with psychological and medical wraparound services and education	Twill et al., 2010	Large metropolitan city, United States; group home	Less than half of youth committed a new offense after discharge; no participants were rearrested for prostitution however some of the status offenses, such as running away, may have been related to behavior associated with prostitution
Health Care, Education, Advocacy, Linkage for Trauma Informed Healing (HEALTH) clinic of Canada	Health care services for individuals who had experienced, are currently experiencing, or are at risk for sexual exploitation, coercion, and/or human trafficking	Leach, 2020	Ottawa, Canada; clinic	Unmentioned
Love146's Survivor Care Program	A program for suspected and confirmed survivors of sexual exploitation that offers rapid response services, long-term service, and support services	Williamson et al., 2020	Connecticut, United States; clinic	Unmentioned
The Minnesota Runaway Intervention Program	Serves runaway adolescents including those who experienced sexual exploitation and provides home or	Gewirtz O'Brien et al., 2020	Midwest, United States; Child Advocacy Center	Reduced emotional distress, trauma symptoms, and substance use; increased connectedness to both family and school; improved contraceptive and

	community nurse practitioner visits; case management; and a therapeutic empowerment group			condom use; decreased rates of STIs and rates of sexual assault
Mount Sinai Adolescent Health Center (MSAHC)	Health education, medical, mental health and legal services for adolescents at risk and survivors of sexual exploitation	Diaz et al., 2020	New York, United Cities; health centre	Increased rates of routine immunization, STI screening and treatment, and same-day method of contraception start
Resiliency Interventions for Sexual Exploitation (RISE)	Medical and therapeutic services for female and LGBT/GNC youth	Whaling et al., 2020	Santa Barbara County, United States; Clinic	Most participants had strong and consistent or had declined/discharged services, and few had increased engagement over time or decreased engagement over time

Four child welfare programs were identified in our literature review (Armstrong et al., 2016; Duncan, 2016; Landers et al., 2017; Landers et al., 2020; Shuker, 2011; Shuker, 2012; Shuker, 2013; Shuker 2015; Shuker & Pearce, 2019; Scott et al, 2017). Referrals to child welfare programs came from internal and external individuals including local authorities (i.e., social workers from child protection agencies; Scott et al., 2013; Shuker, 2013) and/or external police or other qualified professionals (Armstrong et al., 2016). Youth eligibility requirements varied across programs, with one program requiring confirmation of sex trafficking by police (Armstrong et al., 2016) and the other models accepting youth who were deemed at high risk of involvement (Shuker, 2013; Scott et al., 2017).

Of the child-welfare programs, the CHANCE program (Armstrong et al., 2016) served youth who were in the child welfare system in Miami-Dade County in Florida; the Safe Accommodation Project (Shuker, 2013) served youth who had entered England as victims of cross-border rather than internal trafficking; The South Yorkshire Empower and Protect (SYEP; Scott et al., 2017) program was a partnership between three South Yorkshire (England) local authorities in Sheffield, Barnsley, and Rotherham, and Doncaster Children's Services Trust (i.e., a sub-regional delivery model in South Yorkshire); and lastly, Project No Rest (Duncan, 2016) was a 5-year effort funded by the United State's Children's Bureau to address trafficking of individuals 25 and younger in North Carolina (state wide).

We identified 15 programs that accepted referrals from youth who were not necessarily in the child welfare system (Berry et al., 2017; Countryman-Roswurm & Bolin, 2014; Diaz et al., 2020; Gewirtz O'Brien et al., 2020; Hopper et al., 2018; Kenny et al., 2018; Kinnish et al., 2020; Leach, 2020; Ma, 2020; McKibbin et al., 2019; Rothman et al., 2020; Thomson et al., 2011; Twill et al., 2010; Whaling et al., 2020; Williamson et al., 2020). Of these programs, 9 included

a wraparound model. Specifically, 3 programs described residential group homes that included a multidisciplinary team, trauma-informed therapies, educational supports, life skills, 24/7 care, and community partnerships with local agencies (Ma, 2020; Thomson et al., 2011; Twill et al., 2010). Three programs were outpatient health clinics that included comprehensive services to working with trafficked youth, such as integrated medical and physical care and case management (Diaz et al., 2020; Gewirtz O'Brien et al., 2020; Leach, 2020). Three programs reflected community models that offered a suite of outpatient services for trafficked youth including collaborations with community partners, survivor therapy, mentoring, trauma-informed leisure, and intensive case management (Kenny et al., 2018; Whaling et al., 2020; Williamson et al., 2020), as well as rapid response and long-term services (Williamson et al., 2020).

Six of the 15 programs noted above included specific therapeutic interventions. Three psychoeducation prevention programs were implemented to target youth at risk of sex trafficking and increase their awareness of healthy relationships; including relationship boundaries, sexual respect, and assistance in safely exiting exploitive relationships (Berry et al., 2017; Countryman-Roswurm & Bolin, 2014; McKibbin et al., 2019). One program used a mentorship model in which exploited or high-risk youth received support from a trained adult survivor of sexual exploitation (Rothman et al., 2020). Two programs focused on treating significant mental health needs including complex trauma, anxiety, and depression (Kinnish et al., 2020; Hopper et al., 2018). Trauma-informed psychotherapeutic interventions included cognitive behavioural therapy (Kinnish et al., 2020), experiential therapeutic approaches (Hopper et al., 2018), and a combination of both modalities.

Systematic Review Findings

Findings from the reviewed articles collectively support a model of care for child-welfare-involved youth who are at risk of or involved in sex trafficking comprising two overarching components: 1) wraparound supports and internal case management; and 2) trained caregivers and supported homes. Factors that interfered with service implementation were also noted and are important to consider in building a model of care.

Wraparound Supports and Internal Case Management

Wraparound services and internal case management were deemed essential for supporting youth at risk of involvement or those who were directly involved in sex trafficking (Armstrong et al., 2016; Duncan, 2016; Landers et al., 2017; Landers et al., 2020; Shuker, 2011; Shuker, 2012; Shuker, 2013; Shuker & Pearce, 2019; Scott et al., 2017). Kinnish and colleagues (2020) emphasized that due to the significant needs of trafficked youth, wraparound models are critical to treatment success and multidisciplinary collaboration is necessary among all therapeutic programs. Wraparound supports provided to youth and their families included implementing individualized and comprehensive assessments of youth mental health to guide placement decisions, sex trafficking training for caregivers and workers involved in the youth's care, as well as monitoring dynamic risk behaviours from a preventative lens.

In order to facilitate wraparound supports, the importance of assessments was indicated including streamlining the process to avoid repetition and potentially re-traumatizing youth (Leach, 2020; Ma, 2020; Whaling et al., 2020), as well as providing 'warm referrals' to community partners through personal introductions between agencies (Leach, 2020). Williamson and colleagues (2020) reinforced that confirmed sex trafficking victimization should not be a requirement for services. Some programs reduced barriers to service by not requiring identification or insurance, allowing for anonymity and equitable service delivery (Leach, 2020;

Diaz et al., 2020), as well as providing transportation and other incentives (Kenny et al., 2018). One program noted virtual service options (Leach, 2020). A range of wraparound supports was indicated across programs including psychological assessment and treatment, survivor life coach and mentors, legal assistance and police services, crisis intervention, and targeted case management (Armstrong et al., 2016; Duncan, 2016; Landers et al., 2017; Landers et al., 2020; Shuker, 2011; Shuker, 2012; Shuker, 2013; Shuker & Pearce, 2019; Scott et al., 2017).

Additional supports were also offered through advocacy and multi-agency collaboration, such as educational psychologists, interpreters, and support for sexually harmful behaviour (Shuker, 2011; Shuker, 2012; Shuker, 2013; Shuker & Pearce, 2019). All child welfare programs included wraparound supports and offered specialized foster care placements (Armstrong et al., 2016; Duncan, 2016; Landers et al., 2017; Landers et al., 2020; Scott et al., 2017).

Internal coordination among child welfare workers and community partners remained key to successful program implementation in the context of the child welfare system including designating a key point person to coordinate services and direct case management (e.g. project worker or social worker; e.g., Armstrong et al., 2016; Duncan, 2016; Shuker, 2013; Scott et al., 2017). Programs included regular meetings, working groups, and early coordination among community partners including the police and internal agency members (Duncan, 2016; Shuker, 2013; Scott et al., 2017). Careful planning often occurred prior to placing youth in a foster home, if relevant, related to emergency placements often breaking down quickly (Shuker, 2013). Interagency collaboration and coordination, especially when working with child welfare and out-of-home care organizations were emphasized across programs (McKibbin et al., 2019; Shuker, 2013; Scott et al., 2017). The need for a concrete internal protocol and referral system for specialized services was noted.

Trained and Supported Caregivers, Workers, and Homes

Child welfare specific placements involved the recruitment and training of “specialist” foster caregivers and workers in addition to wraparound supports. Programs outside of child welfare similarly emphasized the importance of sex trafficking training and education for staff in their programs (Kinnish et al., 2020; McKibbin et al., 2019) and acknowledged that personnel working with those at risk or who are victims can often have feelings of distress and burnout. Caregiver personality characteristics were cited as an important factor in the facilitation of specialized foster homes for child-welfare involved youth involved in sex trafficking.

Specialized foster parents were typically provided with an enhanced level of training prior to program implementation including additional support from knowledgeable professionals (Thomas & Philpot, 2009; Philpot & Tomlinson, 2007). Training programs were psychoeducational, focusing on sex trafficking to build confidence and willingness to support a youth who is involved. Pre-service training appeared to serve multiple functions including preparing caregivers for their role, yet also impacting the recruitment of specialized foster caregivers by positively enhancing their attitudes (i.e., increasing willingness and readiness to foster) (Shuker, 2013).

One of the child-welfare specific studies (Shuker & Pierce, 2019) noted that caregivers who support youth involved in sex trafficking should have the ability to cope with challenges, have confidence in holding boundaries, commit to the program offered, and be compassionate toward youth in their care. Pre-training programs were also noted to improve foster parents’ willingness to consider becoming foster parents for trafficked youth. Three studies indicated that caregivers and foster parents were required to have flexible working schedules and a ‘one child

home' was recommended whenever possible (Armstrong et al., 2016; Shuker, 2013; Scott et al., 2017).

Enhanced per diem and respite care were also indicated across child welfare studies (Armstrong et al., 2016; Duncan, 2016; Shuker, 2013; Scott et al., 2017). In some instances, programs 'skilled up' existing caregivers or foster parents and provided training in the domain of sex trafficking, rather than recruiting new foster parents (Shuker, 2013; Scott et al., 2017). Additional support was provided for foster and biological parents such as experienced mentors and 24/7 support (Armstrong et al., 2016; Duncan, 2016; Shuker, 2013). In some cases, it made more sense to support youth in their current home and provide them with wraparound supports rather than uprooting them and placing them in a specialized foster care home (Armstrong et al., 2016; Scott et al., 2017). The importance of workers' relationships with youth was also noted to be instrumental in supporting disengagement from trafficking situations.

Barriers to Service Implementation

Overall, several barriers to program implementation were indicated across programs: financial responsibilities related to providing a safety net for uninsured youth with minimal resources, locating adequate services including culturally sensitive supports, and unavoidable waiting lists (Diaz et al., 2020; Gewirtz O'Brien et al., 2020; Shuker, 2013; Scott et al., 2017; Williamson et al., 2020). Youth transience and incarceration were also problematic to successful program implementation and consistency in service (Kenny et al., 2018; Whaling et al., 2020; Williamson et al., 2020). Youth stage of change or readiness also appeared integral to youth engagement in programming (Thomson et al., 2011; Whaling et al., 2020), as well as providing youth what they were ready to accept and not necessarily what they needed (Diaz et al., 2020; Gewirtz O'Brien et al., 2020). Youth who were more likely to demonstrate poor engagement also

tended to have learning difficulties and other emotional and behavioural disorders (Twill et al., 2010; Whaling et al., 2020); psychoeducational assessments and academic support was recommended in this vein. Group dynamics were also difficult to navigate at times due to youth difficulties with self-disclosure and forming both positive and negative relationships with other group members (Kenny et al., 2018). As well, reimbursement models and overarching agency policies often limited workers' ability to provide the level of support the youth in their care needed (e.g., Kinnish et al., 2020). Collecting data from youth also proved challenging, which made program evaluation difficult (Rothman et al., 2020).

There were also barriers to program implementation that were specific to the child welfare system and particularly specialized foster care. The predominant barrier included foster parent recruitment and simultaneously gaining youth referrals (Armstrong et al., 2016; Shuker, 2013; Scott et al., 2017). Another barrier included variability related to the length of placement. Some foster homes broke down in a few months and others lasted over a year, which made program evaluation and indicators of 'success' difficult to determine (Shuker, 2013). Finally, these programs often placed an additional financial burden on child welfare agencies (Shuker, 2013; Scott et al., 2017); however, it was noted that agencies could potentially save money or 'break even' due to a reduction in youth missing episodes, involvement with the law, and placement stability related to specialized placement factors.

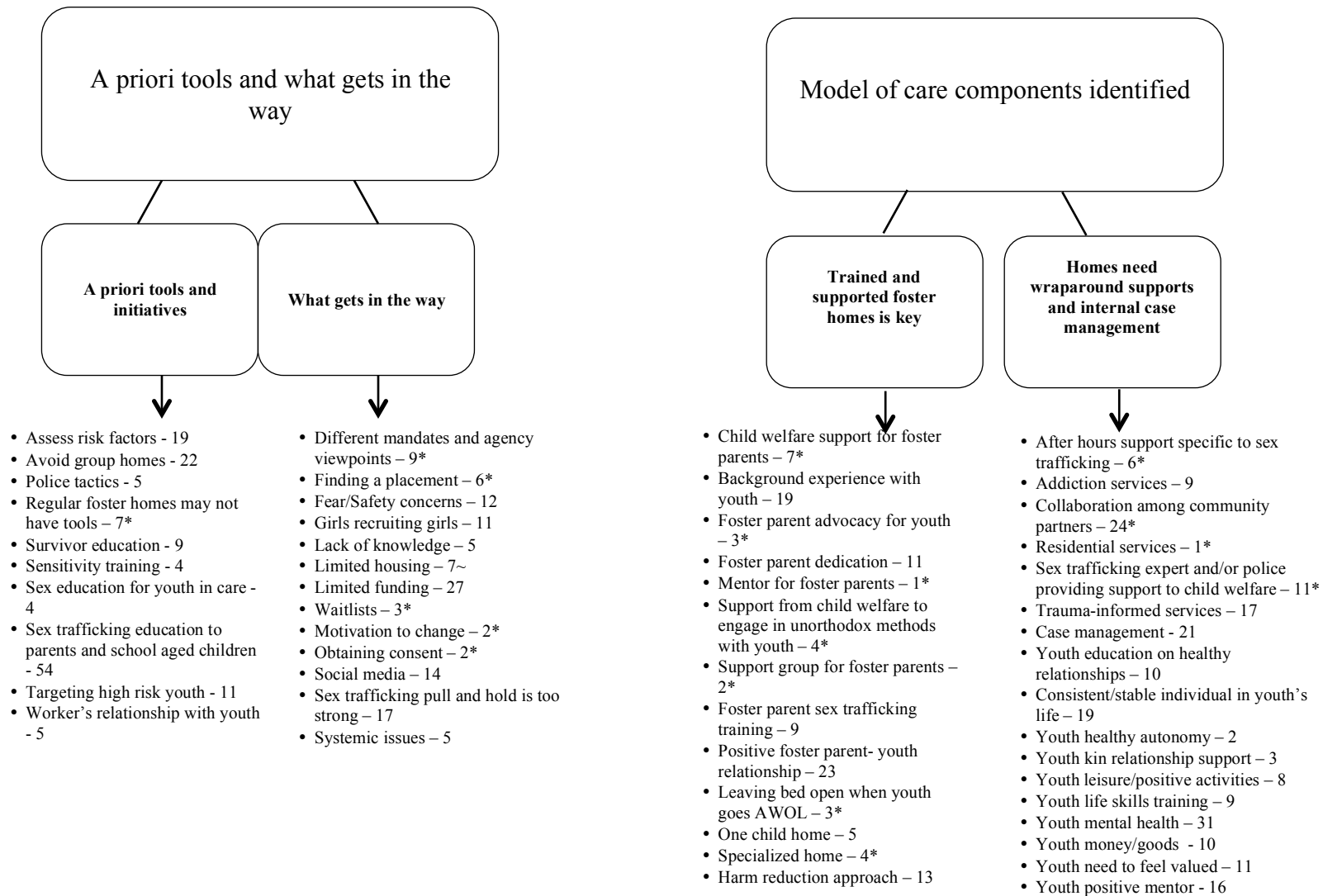
Interviews with Experts Findings

Interviews with Experts-by-Experience Summary

Overall, results from interviews with experts-by-experience support the model of care components derived from the systematic review in addition to explicitly emphasizing prevention efforts. Experts uniformly expressed that an appropriate model of care would require child

welfare agencies take a preventative stance, such as conducting early risk assessments on all youth in their care (“A priori tools”). In line with our systematic review, wraparound supports were recommended for youth and their caregivers. Experts-by-experience specifically noted the importance of mental health programming and youth involvement in leisure activities. Similarly convergent with our systematic review, experts-by-experience noted the need for enhanced training for caregivers and child welfare workers in addition to home safety precautions. Further, experts-by-experience specifically described the value of a harm reduction approach to parenting and a positive caregiver-child relationship. Figure 2 denotes topics each expert group specifically discussed. Themes and subthemes are shown in Table 3.

Figure 2
Experts-by-Experience Recommendations for a Model of Care



Note. Numbers next to each of the codes denote the frequency or “groundedness” of the reported code. For example, “19” would indicate that the code was mentioned 19 times throughout the interviews but possibly more than once by the same expert. A code with an “~” is a code only noted by survivors. A code with a “*” is only noted by child welfare workers.

Table 3
Select Stakeholder Quotes from High Frequency Codes

Assess risk factors	<p>“Perhaps we can continue to compile data based on some criteria that reflects risks factors and connect with young people before there is even a whiff of that [sex trafficking] happening.” <small>Child Welfare</small></p> <p>“I think developing almost some sort of criteria that looks at what makes a youth more vulnerable to being recruited – almost like a checklist in terms of early life trauma and attachment, current age of child, and any indicators who they are gravitating toward.” <small>Child welfare</small></p>	
Sex trafficking education	<p>“The parents need to be educated – say they are getting a kid that is coming from the game, they need to be educated on what kind of person that child might be like and what might be triggering for them, what not to bring up, how to support them, how to ask them what kind of supports they need.” <small>Survivor</small></p>	
A priori tools and initiatives	Avoid group homes	<p>“And the group homes that we have [child welfare], on my team we try not to have the kids in group homes because to me it’s like a breeding group, right? Not even just for human trafficking, but for drug addiction, anything, right? It’s like being in jail, basically. You’re hanging out with everyone that’s got the same habits that you have, the bad habits, or worse. So you leave that group home smarter and knowing how to be more devious and getting away with things” <small>Child welfare</small></p>
	Targeting high risk youth	<p>“I think they [child welfare workers and foster parents] need to learn how to kind of engage those who are very at risk of getting involved with that kind of stuff [sex trafficking] and I think they need to – I don’t think they need to come out and say ‘I think you’re at risk of human trafficking’. But I do think they need to put the right supports in place for kids.” <small>Survivor</small></p>
	What gets in the way	Finding a placement
Fear and safety concerns		<p>“They [foster families] are concerned about the pimp coming after them and gangs coming after them. There is fear involved in getting close to this whether they have kids in the house or not. How will I know we will be safe? I think that’s a big barrier.” <small>Child welfare</small></p>

	<p>Influence of social media</p> <p>“Social media. That’s the biggest barrier [to prevention] and newest way [to recruit youth]. Young people put their whole lives on social media so all vulnerabilities are visible through social media, whether through their status, whether through the pictures they post, whatever. I have some people where pimps would message somebody and be like; you want to make some money? That direct. And then other ones will look at the vulnerabilities they have online and be like, oh, you’re so beautiful, I can’t believe you feel that way; I would make you feel so much better. Very manipulative.”^{Survivor}</p>
<p>Trained and supported foster homes is key</p>	<p>Harm reduction approach</p> <p>“Instead of having 10 thousand rules that you expect this young person to abide by, you have 3 that are really important to self-care but they are doable and manageable. It probably doesn’t look like every other home where you’re kind of on top of them all the time.”^{Child welfare}</p>
	<p>Positive foster parent-youth relationship</p> <p>“There’s got to be consistency, obviously there has to be some form of boundaries but being able to actually feel loved is important. If they are going to have sex trafficking specific homes, the foster parents need to also be trained in trauma informed practices because these young people who are going to come to them are going to be experiencing trauma symptoms and if you don’t know how to look past the behavior and into the root of why and that trauma behind it, it also won’t be successful. So I think those are the biggest things, having somebody – the foster parent isn’t going to be anybody. It’s going to be somebody who’s willing to put in some work, being up to taking some trainings, being able to learn what that actually looks like, not do the tough love because tough love actually pushes you closer to your pimp, ultimatums – if you don’t come home at curfew, I’m going to lock the door – you’re going to go to your pimp. He’s not ever going to lock the door on you.”^{Survivor}</p>
	<p>Child welfare support for foster parents</p> <p>“And support for those foster parents who are feeling very vulnerable, wondering ‘should I call the police at 9 or should I wait until 12 or what should I do?’ So having people that are trained in this area and can offer some really good in the moment advice would be very helpful”^{Child welfare}</p>
<p>Homes need wraparound supports and internal case management</p>	<p>After hours support</p> <p>“When you need the help, it’s after hours. I [foster parent] use to dread 5pm on a Friday because I knew that for the next 3 days, I was on my own. There are after hours offered but they are limited and unaware of the situation”^{Child welfare}</p>
	<p>Collaboration among community partners</p> <p>“I think it needs to be a regional responsibility. It just can’t be one service. It cannot be just child welfare, cannot be just the police, cannot just be the schools, and cannot be just one body. It needs to be done in collaboration because for the kids who are in care, we need to have the schools on board, we need to have the mental health services on board, we need to have the police on board, we need to have us board. We’ve got to do it collaboratively.”^{Child welfare}</p>
	<p>Trauma informed services</p> <p>“Trauma informed and to understand the complexities of being in a trafficking situation, how hard it is to trust somebody again. Trauma-informed, Trauma-informed, Trauma-informed. Especially when it comes to mental health services, if you are doing trauma informed practice, it’s going to be beneficial no matter what.”^{Survivor}</p> <p>Leisure</p> <p>“They need chances to figure out what they’re good at and what they like; play hockey or do horseback riding, draw, play the piano, so that they have some resilience and confidence in their own abilities.”^{Child welfare}</p> <p>“So if we can have workers who engage these youth in activities, pro-social activities, such as taking them to play basketball or go swimming, whatever it is that is of interest to the youth, very individualized.”^{Child welfare}</p>

Youth mental
health

I think an assessment with a psychologist would be helpful to determine everything- cognitive and personal stuff, past trauma that happened to them [trafficked youth] to identify the barriers.” ^{Child welfare}
“I think counselling, a lot of counselling and a lot of support in the foster home. I wouldn’t suggest putting a child that’s just came out of the situation into [regular] foster care.” ^{Survivor}

A Priori Tools and What Gets in the Way

A range of prevention strategies was discussed among experts including assessing risk factors, avoiding placement in group homes, targeting high-risk youth, home placement strategies, education for parents, workers, and youth, and focusing on the worker's relationship with the youth. A powerful prevention strategy noted in our systematic searches and 54 times throughout the interviews, involved sex trafficking education and assessing for youth risk factors.

Convergent with our systematic review, experts-by-experience identified several barriers to intervention or factors that interfere with effective prevention including systemic problems, discrepancies among collaborating agency mandates and views, limited funding, lack of housing available, and waitlists. Such interfering factors also included lack of knowledge about sex trafficking resources and treatment, youth low motivation to change, the influence of social media, and obtaining consent from the youth. Similarly noted in Shuker and Pearce (2019), barriers to recruiting foster parents and removing youth from a sex trafficking situation involved fear and safety concerns, and the "*pull and hold [of sex trafficking] is too strong,*" including youth often recruiting each other.

Key Components for a Model of Care

Convergent with the systematic review's findings, experts discussed components relevant to building a model of care for youth at risk of or involved in sex trafficking in child welfare: 1) Wraparound support and internal coordination, and 2) trained caregivers and supported foster homes.

Wraparound Supports

Experts-by-experience discussed a wraparound model to support at risk youth, describing the collaboration of several resources and programs including addiction services, trauma-

informed care, survivor-mentors, police, and case management. Child welfare workers specifically noted the importance of collaboration among community partners, internal agency management, having residential service options, and providing after-hours support in their agency specific to sex trafficking. Experts explicitly discussed the importance of youth mental health (over 30 times). In addition, experts reinforced the need for youth to feel valued and provided with stability and consistency through leisure, positive activities, life skills training, positive mentor or peer support, kin relationship support, and healthy autonomy.

A survivor also discussed the importance of addressing youth needs by providing them with money and or goods, such as personal care services, to counteract the pull of sex trafficking. Survivors and child welfare workers discussed the importance of educating youth on healthy relationships in line with programs identified through systematic review (Berry et al., 2017; McKibbin et al., 2019).

Trained Caregivers and Supported Foster Homes

Experts-by-experience referenced the importance of specialized foster homes for youth at risk of sex trafficking including having trained foster parents. Child welfare workers specifically illustrated the importance of having a specialized home for trafficked youth, providing enhanced support for foster parents including support groups and mentors, leaving the “*bed open when the youth is AWOL [absent without leave or permission]*,” foster parent advocacy for youth, and supporting foster parents to sometimes engage in “*unorthodox methods*” when needed. One example included permitting the youth to smoke a cigarette in their car to avoid them returning to the streets and potentially to a trafficker. Another example included allowing youth to have more “freedoms” as compared to several rules that might influence them to runaway from home.

Collectively, survivors and child welfare workers discussed the importance of a harm reduction approach to fostering, ensuring adequate foster parent background skills or experience, foster parent dedication, training, and having a ‘one child home.’ However, having a ‘one child home’ was defined rather liberally (somewhat divergent from the literature) and not necessarily meaning only one child could be in the home. For example, experts indicated “*2 kids in the foster home versus 8 or 9,*” or “*not having 4 high needs children, so a family can give the at-risk youth the attention he or she needs,*” and “*being careful about having boys and girls in the same house.*” Experts also indicated (over 20 times) the importance of a positive foster parent-youth relationship.

Discussion

Youth in child welfare are overrepresented among sex trafficking victims and are often targeted by traffickers, related to adverse childhood experiences, lack of family, and inconsistent parental supervision (Baird et al., 2020; Landers et al., 2020). Despite this, there are minimal counter-trafficking treatment models designed to specifically to meet the needs of youth in this population. The purpose of this two-part investigation was to: 1) investigate the literature on current models of care for youth in child welfare, and 2) identify real-world evidence through interviews with experts-by-experience, namely survivors and child welfare personnel.

Evidence

In total, our systematic review identified 19 programs including 4 child welfare specific programs and 15 other programs that accepted referrals from youth in child welfare. All child welfare programs identified a holistic approach to care, providing trauma-informed services and wraparound supports for youth at risk of or involved in sex trafficking (Armstrong et al., 2016; Duncan, 2016; Landers et al., 2017; Landers et al., 2020; Shuker, 2011; Shuker, 2012; Shuker,

2013; Shuker & Pearce, 2019; Scott et al., 2017). Our investigation with experts-by-experience further situated our findings, expanding on identified model components with practical recommendations and highlighting divergent and convergent messaging between the two methods employed.

Experts-by-experience generally echoed our systematic literature review findings, although placed greater emphasis on the need for prevention strategies for youth at risk of involvement, that is, assessing risk factors, targeting high risk youth, and avoiding certain placements. Child welfare specific programs noted accepting youth who were deemed at high risk (Shuker, 2013; Scott et al., 2017), although their process of assessing risk was unclear. Sex trafficking education was identified by experts and through systematic review as a crucial component to prevention and supporting youth involved in sex trafficking (e.g., Landers et al., 2019; Shuker & Pearce, 2019). A combination of awareness and training approaches were recommended including general training programs, such as online training initiatives and worker specific programs (e.g., Kinnish et al., 2020; McKibbin et al., 2019). Collectively, results emphasized the benefit of child welfare tailored education, consisting of presentations or workshop sessions that include researchers, child welfare personnel, mentors, police, and other community partners.

Some areas of divergence included the emphasis interviewees placed on avoiding youth placement in group homes in the child welfare system whenever possible. Experts-by-experience viewed placing high risk youth in group homes as contributing to a ‘breeding ground’ and paving a direct pathway into sex trafficking. For instance, youth might be influenced by other youth involved in sex trafficking living in the group home, as well as traffickers could potentially target youth living in this environment (Baird et al., 2020). Nevertheless, some youth may be more

appropriate for a residential setting or a group home, based on their readiness to change (Thomson et al., 2011); thus, noted by experts-by-experience and through systematic review, a range of placement options must be available based on each youth's identified risk and needs (Landers et al., 2017).

Factors that negatively impact program implementation or “get in the way” cited by experts-by-experience converged with those identified through systematic review including miscommunications among community partners, limited funding, and waitlists. Experts-by-experience additionally described social media as being a factor that interferes with prevention; due to the extensive time youth spend online (O'Brien et al., 2020) and especially relevant during the current pandemic. For instance, experts expressed how it has become difficult to put in place initiatives that prevent sex trafficking from occurring when youth spend the majority of their time online using applications that are unfamiliar to them. Thus, the fast-changing growth of social media makes it very challenging to prevent traffickers from accessing this population. At the same time, prevention and education initiatives might be best directed online (Baird & Connolly, 2021). Child welfare agencies could involve the police and internet child exploitation units or other specialized programs with this focus to discuss safeguarding internet systems, including routers that block risky sites, restriction of hours of use, and providing cyber advice with real-life examples.

Concerning specific care components, only four experts-by-experience explicitly referenced specialized therapeutic foster care (e.g., Landers et al., 2017; Shuker & Pearce, 2019, and Scott et al., 2017), although both child welfare workers and survivors described a similar model of care indirectly. For instance, experts-by-experience recommended having trained and supported *foster homes* and providing wraparound supports to *foster homes*. Consistent with

Shuker & Pearce (2019), experts-by-experience discussed the important role of the foster-parent-child relationship in caring for trafficked youth. Experts further described key characteristics important to being a foster parent for youth involved in sex trafficking and also specifically highlighted the importance of foster parents having support from child welfare to engage in ‘unorthodox’ approaches. Experts-by-experience described the need for foster parents to be flexible in their approach to parenting and supported by child welfare to engage in methods that might not always be viewed as appropriate (e.g., buying youth cigarettes to engage in a meaningful conversation and deter them from running away). Despite the importance of the foster parent role, as noted by Shuker and Peace (2019), experts expressed fear and safety concerns often associated with supporting a trafficked youth and related difficulties to finding placements.

Wraparound services emerged in both the systematic review and with interviewees as an important component to care for youth at risk of or involved in sex trafficking. Consistent with identified child welfare models (e.g., Armstrong et al., 2016; Shuker, 2013) and other wraparound programs, experts recommended trauma-informed services, addiction services, after-hours support, and a case management approach. Experts-by-experience additionally focused on the need for psychoeducation programs that focus on healthy relationships (Countryman-Roswurm & Bolin, 2014; McKibbin et al., 2019). They also described the importance of providing youth with positive mentors for support, as also noted by Rothman and colleagues (2020).

Limitations

Our overall investigation was robust and included multiple forms of evidence and recommendations. However, the findings of our systematic review are limited by our search

strategy, exclusion criteria, and methods to investigate study effectiveness. First and foremost, the goal of the study was to learn more about interventions for child-welfare involved youth who were at risk of or who had been trafficked; however, it is important to note that only four of the 19 studies identified were operated directly within the child welfare system. Nonetheless, given the limited evidence in this area, there is a critical need to review studies that have been conducted with other populations and expand our knowledge through exploring their evidence. We conducted a thorough and rigorous systematic review following the PRISMA guidelines and worked extensively with an expert librarian to develop search terms and keywords; however, some databases were unexplored. As well, grey literature and government reports were included in the present review through a snowball search strategy; however, we did not specifically conduct a thorough search of the grey literature. Second, sometimes the sample of our identified studies was unclear with respect to child welfare involvement. We removed studies when authors did not respond to our email requests for more information. Third, studies that were not published in English were also excluded from our review. Fourth, we included all studies published that reported an intervention with trafficked youth involved in child welfare regardless of whether outcomes were available (e.g., Cochrane manual). We chose to include all studies identified due to the limited studies available to learn from, as well as the difficulties determining ‘success’ and evaluating outcomes in this population. However, we synthesized evidence gathered from the literature review with experts-by-experience to identify key components for trafficked youth in child welfare.

There are also some limitations to our investigation with experts-by-experience. First, we approached the data through a post-positivist perspective related to conducting a thorough review in advance and administering standard questions across participants, which might have led to a

risk of bias. For example, participants might have discussed other issues or themes if there were different open-ended questions. However, participants were never guided in their responses and were free to discuss any issues that came to mind throughout the interviews. Second, we chose to include experts-by-experience participants with various levels of experiences, job titles, and backgrounds (survivors versus child welfare workers), which led to some heterogeneity in response patterns. Nevertheless, we included a range of experts to learn from various perspectives and identify commonalities and differences in their wants and needs. Third, the small sample size of experts could be viewed as a study limitation despite our best efforts to recruit participants and the rich information that was yielded through interviews. Thus, it would be important to engage in further efforts to discuss prevention views with experts-by-experience.

Finally, it is important to note that it was challenging to ascertain convergence and divergence through our comparison of the systematic review findings and the interviews with experts-by-experience due to differing methodologies, questions posed, and limitations of the search strategies and analyses. However, the areas of convergence and divergence, which we did identify, strengthen the evidence and our understanding of the components that could be effective in supporting youth who are at risk of sex trafficking in child welfare.

Next steps and conclusions

The extant research provides a useful starting point for the development and implementation of a specialized model of care in child welfare. It is important to note, however, that child welfare systems differ across North America and each agency has its own specific needs, mandates, and program goals. That is, what works for one agency may not be feasible for another agency. The definition of program success may also differ across agencies and within and across parent and youth populations, which reinforces the need to continue to learn from

experts-by-experience. The current study presents the first investigation on this issue that includes both systematic review and interviews with experts-by-experience on models of care for trafficked youth involved in child welfare. This investigation is especially important given the rise of sex trafficking globally over the last 10 years, coupled with the young age of the individuals being trafficked and the limited appropriate care options for youth involved in child welfare.

In the future, a next step would be to develop, pilot, and evaluate a specialized model of care for child welfare involved youth at risk of sex trafficking using the data gathered from the present investigation. Specific components could include a screening of sex trafficking risk factors for all youth in child welfare for placement decisions, sex trafficking education, foster parent recruitment strategies and pre-training programs. It would also be important to ensure that wraparound supports and a high level of internal communication were provided. Findings from the current study and proposed future research will contribute to the scalability and refinement of future research in this area. The present research has direct policy implications, as the goal is to develop a model of care to assist key stakeholders. This model of care has the potential to be used broadly, as a first step to caring for youth at risk of or involved in sex trafficking in the child welfare system.

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Chapter 3: START with the YOUTH: An Evaluation of an Exploratory Model of Care for Youth In The Child Welfare System who are at Risk of Sexual Exploitation²

Human trafficking is a pervasive criminal activity with approximately 40.3 million trafficking victims indicated and hundreds of thousands reported in the United States and Canada (International Labor Organization and Walk Free Foundation, 2017). Of these estimates, 1.0 million were children and 99 percent were girls and women. Human trafficking includes forced labor and sex trafficking, defined as “the recruitment, transportation, transfer, harboring, or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power, or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation.” (United Nations: Office on Drugs and Crime, n.d.). For this investigation, the terms sexual exploitation and sex trafficking were used interchangeably given that the literature reviewed often combined child and adult samples (Moynihan et al., 2018).

Risk factors occur across the socio-ecological context including personal, interpersonal, and societal factors that make certain individuals more vulnerable to sexual exploitation (Greenbaum et al., 2013). First and foremost, adolescents are vulnerable to sexual exploitation by simply being an adolescent and undergoing normative developmental changes (Schwartz, 2015). For example, youth often experience challenges with their identity formation, and peer and romantic relationships, engage in riskier behaviour, and endure various cognitive difficulties related to their evolving problem-solving abilities. Sex traffickers understand developmental

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vulnerabilities inherent to adolescence and are experienced in the art of manipulation; exploiting their young victims' developmental and basic needs through promises of friendship, love, money, shelter, and dependencies including drugs and alcohol (Moore et al., 2020; Williamson & Prior, 2009).

The risk of sexual exploitation increases in youth who have adverse childhood experiences (ACES, Landers et al., 2020), such as limited family support or parental supervision, as well as a history of trauma, abuse, and homelessness (e.g., Baird et al., 2020; Gibbs et al., 2018; Franchino-Olsen et al., 2022; Fong & Cardoso, 2010; O'Brien et al., 2017; Turner-Moss et al., 2014). Thus, given the risk of adolescence in general coupled with adverse childhood familial experiences, strong evidence suggests that children and youth in the care of the child welfare system have a particularly high risk of sexual exploitation (e.g., Baird et al., 2020; Clawson & Grace, 2007; Gibbs et al., 2018; Fong & Berger Cardoso, 2010; O'Brien et al., 2017). Specifically, child welfare samples indicate prevalence rates over 50% (Hickle & Roe-Sepowitz, 2018; Lanctôt et al., 2020; Landers et al., 2017; Reid, 2018); though, there are different pathways in which trafficked youth can become involved in child welfare. Children might already be in care related to adverse childhood experiences with recruitment occurring directly from foster or group homes (Landers et al., 2020); In contrast, youth living in their homes might become involved in sex trafficking and then referred to child welfare following identification by police (Baird et al., 2020).

Regardless of their pathway into sex trafficking, it is clear that the child welfare system has an important role to play with regard to safety, housing and placement needs of trafficked youth (McDonald et al., 2023), especially in light of increased risk factors related to the COVID-19 pandemic including families being exposed to greater stressors and segregation related to

imposed restrictions (Campbell, 2020; Kovler et al., 2021). Although the importance of supporting families so children can remain at “home” is emphasized across child welfare organizations, thousands of children and youth in the United States (U.S. Department of Health & Human Services, Administration on Children, Youth, and Families, Children’s Bureau, 2021) and in Canada have entered foster care (Katz et al., 2021). Thus, it is important for these agencies to understand how to support these youth in out of home placements, and in particular foster care.

Despite the significant need, there are currently few models of care specifically developed for youth in the child welfare system, at risk of sexual exploitation (McDonald et al., 2023). In contrast, youth are often placed in group homes or in residential settings that they experience as disciplinary rather than therapeutic (Beckett, 2011). Thus, specialized therapeutic foster care has been proposed as an alternative approach to healing for these youth (Shuker, 2015). A critical difference between regular foster care and specialized therapeutic foster care is the integral role played by foster parents in addition to the intensive treatment and supports delivered to the youth near or within their home environments (Chamberlain & Reid, 1991).

Specialized therapeutic foster care, in particular, harnesses the prosocial influence of the family – as per social learning theory – while at the same time provides the youth with wrap-around therapeutic supports. Other recommendations include avenues for youth to feel safe and supported including advanced security systems and police support, as well as enhanced training for foster parents, and individualized trauma therapy, behavioural interventions, and substance use treatment (Macy & Johns, 2010; Moynihan et al., 2018; Twigg, 2017). Nonetheless, there are often logistical and resource difficulties related to the application of this model including having appropriate homes available that have a small number of children already living there or

that are equipped with relevant supports, such as security systems and funding available for wraparound care.

According to McDonald, Fisher and Connolly's (2023) systematic review, there is an emerging understanding that specialized models of care are needed. Four such models of care have been specifically developed for youth in the child welfare system, at risk of sexual exploitation and of these models, three had initial evaluation data (Armstrong et al., 2016; Duncan, 2016; Landers et al., 2017; Landers et al., 2020; Shuker, 2011; Shuker, 2012; Shuker, 2013; Shuker 2015; Shuker & Pearce, 2019; Scott et al, 2017). The CHANCE program (Armstrong et al., 2016) in Miami-Dade County in Florida included specialized foster care for trafficked youth where foster parents were provided with additional training and youth were provided with wraparound supports. Outcomes revealed improvement in youth functioning and a decrease in mental health symptoms (Armstrong et al., 2016; Landers et al., 2020; 2017). The Safe Accommodation Project (Shuker, 2013) serves youth who had entered England as victims of cross-border trafficking and included specialized foster care for youth at-risk and survivors of sex trafficking. Outcomes indicated an increase in caregiver safety strategies, a reduction in youth risk factors and associated increases in youth protective factors, and a greater desire for caregivers to support youth with similar risks. The South Yorkshire Empower and Protect program (SYEP; Scott et al., 2017), another program designed to support youth at home or in foster care, was a partnership between three South Yorkshire (England) local authorities. Improvements in caregivers' confidence and youth mental health were indicated. Lastly, Project No Rest (Duncan, 2016) was a 5-year effort funded by the United States Children's Bureau to address the trafficking of individuals 25 and younger in North Carolina (state-wide), and no initial outcomes were discussed.

Lessons learned from the above programs provide a useful starting point for the development, implementation, and evaluation of a similar model in a Canadian child welfare agency, building in the insights derived from experts-by-experience in McDonald and colleagues (2023) review. For instance, the four programs predominantly developed new homes and recruited new foster parents due to the small pool of existing homes available. The recruitment of foster parents, in particular, was noted to be a challenge across studies (e.g., Shuker, 2013; Landers et al., 2017). Moreover, several suggestions were provided through the review of other models of care as to how to support youth who are at risk (McDonald et al., 2023) including suggestions for program implementation and collaboration among community partners. Based on feedback from experts-by-experience (McDonald et al., 2023), the model described in this paper provides a model of care that guides the development of programming including identifying youth currently in the child welfare system at risk of sexual exploitation and outlining a pathway to build their resilience. For instance, a revised model should include key components noted in the literature such as wraparound supports and internal case management frameworks, while also considering factors that interfere with service implementation. The importance of developing a model within a preventive framework was also noted in the literature and through interviews with experts-by-experience (McDonald et al., 2023) including conducting early coordinated risk assessments on all youth in care.

A Multi-Case Study Evaluation: Start with the Youth (STAR-Y) Program

The following sections describe a multi-case study evaluation of an exploratory model of care developed for youth in the child welfare system at risk of sexual exploitation, in Ontario, Canada. In July 2017, the Provincial Anti-Human Trafficking Coordination Office Ministry of Children and Social Services (PATCO) in Ontario requested the support of researchers to partner

with local child welfare agencies and develop and evaluate a model of care for this population, including youth in the child welfare system, at risk of or engaged in sex trafficking. The START with the YOUTH (STAR-Y) program was developed in 2019 as a one-year therapeutic model. The one-year time frame was based on funding allocated to the program and in line with similar evaluations conducted in the literature (Landers et al., 2017).

Guiding principles of the STAR-Y program emphasize physical and emotional safety through a coordinated multi-agency approach: 1) *providing youth with a physically safe environment to call home* including opportunities for consultation with legal services and the police, enhanced security mechanisms (e.g., alarm systems), safeguarding related to Internet safety, immediacy in support through victim services, after-hours care, and enhanced per diem for providers to ensure beds are left open when youth runaway or are AWOL (absent without leave); 2) *providing tools to ensure an emotionally supportive home for youth and their foster parents who are already living together* including providing foster parents with adequate training related to sex trafficking risks and support, a harm reduction approach with the relationship between foster parents and youth prioritized, opportunities for foster-parent and youth relationship building through wraparound supports and leisure involvement, and support for youth in the reunification process with biological or adopted family if relevant; and 3) *ensuring that communication and collaboration among community partners is upheld* including coordinated meetings among care providers, warm referrals and relationships between community agencies, and individualized social-emotional assessments to appropriately guide service recommendations.

The program targeted youth currently in the care of a child welfare agency who were already living with foster parents and identified by child welfare personnel as being at risk of

sexual exploitation. Eligibility criteria included that the youth was between the ages of 12-18 years. As indicated, youth were chosen by child welfare agencies to meet their internal relevant criteria, which included youth with suspicion or confirmation of sex trafficking. Foster parents were approached to participate in the project after the youth had been deemed eligible. A key feature of the STAR-Y program involved the use of *a universal screening tool* developed by Asghari and Connolly in 2022 using a participatory action framework (York Sex Trafficking Screening Tool; YST) to assess youth baseline risk factors and evaluate changes in risk over time. Though the tool is still undergoing validation studies, it arose out of a need related to the present program to identify youth at risk of sexual exploitation and was developed through interviews with experts in the field. The tool aims to identify youth along the pathway of sex trafficking involvement ranging from identifying risk factors including demographic or previous injuries to possible involvement (i.e., *being in the “grey zone”*) including unsafe relationships the youth is involved in and their mental health, along with clear warning signs of exploitation, such as concerning internet behaviour. There are fewer explicit variables that assess socio-ecological factors; thus, the clinician is also required to use their judgment in determining risk.

Another critical component of the STAR-Y program included *a home consultation meeting* scheduled to discuss risk factors, family dynamics, and living situations including the training needed for foster parents, and the team’s thoughts surrounding youth eligibility for the program. *An education session* was then delivered to provide program information and initial awareness training to the youth and their foster family (i.e., the foster family living with the identified youth are chosen for the STAR-Y program and provided with specialized training). This session included educational material and STAR-Y program information provided by: 1) researchers, 2) child welfare agencies, 3) wraparound support providers including child advocacy centres, and 4)

individuals with lived experiences such as survivors, police, and previous foster parents.

Families who continued to express interest were invited to meet with the researchers to discuss the research evaluation and provide consent.

Foster parents were provided with *informed consent forms* during the first baseline interview with instructions regarding completing the risk monitoring logs. An appointed individual from the child welfare agency introduced the study to youth when they deemed they were ready for participation. Youth were provided with a detailed description of the project by researchers and asked to provide informed consent as well. After the youth provided consent to participate in the program, the appointed child welfare individual was interviewed to obtain key background information including the youth's age, how long they had been served by child welfare, the reason for being in care, school involvement, justice involvement, employment history, notable medical information, and main concerns relevant to the risk of sex trafficking. Foster parents and youth were compensated for their participation. *Consultation meetings* were then scheduled between the child welfare agency and the research team.

Key components of the STAR-Y program included regularly scheduled collaboration and consultation among the child welfare team, crisis and case management support, an individualized social-emotional assessment, provision of community-based wraparound response (e.g., psychological care, mentorship, leisure and recreation activities), after-hours support, respite care, and on-going educational opportunities related to sexual exploitation.

Summary of the Evaluation Design and Methodology

Two main factors were evaluated as part of the STAR-Y program: the process of implementation and the outcomes (see Spath & Pine, 2004). The process evaluation aimed to answer questions about the fidelity of the program and whether it was being implemented as

intended. Given that this program was exploratory in nature, a multi-case study approach (Yin, 2003) was determined as the most appropriate way to begin the evaluation and explore change in the context of youth risk factors. A multi-case approach also allows for a consideration of the real-world implementation and evaluation of foster home placements where several variables could not be controlled or anticipated including a global pandemic in 2020.

The second area of exploration in this case study is evaluating program outcomes, which are ongoing as part of a larger study. The qualitative findings of the exploratory case study will guide further outcome investigations. Through the use of three case studies, initial outcomes were evaluated concerning changes in risk factors over time as a first step to understanding the impact of the STAR-Y model for youth in the child welfare system, at risk of sexual exploitation. Data collection included several methods and sources of evidence including interviews, meeting minutes, and direct observations (Spath & Pine, 2004). The strength of this mixed-method approach is in the way the data is triangulated through multiple methods and sources to explore one phenomenon (Snow & Anderson, 1991; Yin, 2003). For example, youth change in risk over time was identified through foster parent monitoring logs and interviews, as well as through converging youth data.

With regards to analyzing the data, we took a constructivist epistemological perspective (Strauss & Corbin, 1990), to evaluate the program and describe “successes” or changes in risk from the perspectives of our participants – for it is truly the participants including foster parents and youth who could ascertain change that occurred throughout the course of the program as a result of the program per se. However, it is important to note that it was not possible for our work to truly be “from the bottom up” or completely unbiased given our involvement in the program and theoretical knowledge in this area. Thus, we also approached the data through a

post-positivist perspective (Clark, 1998), with our lens coloured by our prior theoretical knowledge of the components that contribute to successful programming while also leaving space to derive new knowledge within the present study.

The present multi-case study uses quantitative background information to describe risk factors, as well as qualitative data from the evaluation consisting of information from team meetings, foster parent and youth monitoring logs assessing risk and protective factors, and interview data with foster parents and youth 3 to 4 times per year. Specific research questions included: a) what are the baseline risk and protective factors common for the youth in the program?; b) what risk and protective factors changed over time?; c) was the program being implemented as it was designed?; and d) what lessons can be learned from this investigation?

Methods

The ethical research committee at York University approved the present study. The data from the current study were collected from September 2019 to June 2022 as part of an ongoing evaluation of the STAR-Y program. As per the program description, the screening tool (i.e., YST) was completed (Asghari & Connolly, 2022) and an individualized social-emotional assessment was conducted by a clinical psychologist at the beginning of the program to further assess the risk of sexual exploitation, evaluate mental health difficulties, and provide recommendations for wraparound supports related to youth strengths and vulnerabilities. Quarterly meetings took place among key stakeholders. Data was collected on indicators of risk and protective factors including well-being through verbal responses noted in monitoring logs completed weekly by foster parent(s) and monthly check-ins completed by youth over the phone (described in more detail below). Youth and their foster parents were informally debriefed on the study progress

through the quarterly check-ins. Researchers engaged in constant conversation with key stakeholders and other team members to ensure self-care and avoid burn-out.

Participants

Three youths and four foster parents were enrolled in the program from September 2019 to June 2022. Two of the three youths lived with their foster parents throughout the duration of the study. The other youth moved out of her initial foster home to live with a new foster parent approximately one month after beginning the program. This youth continued in the program with her new foster parent for 6 months before requesting that her file be closed with the child welfare agency (and consequently removing herself from the program) after she turned 18 years old. The case studies described below are composites of different youths' backgrounds ensuring that the youth in our study remain anonymous. However, they provide some examples of the level of inherent risk the youth in our program experienced before, during, and after their involvement in the exploratory program:

Taylor, a 14-year-old female in the child welfare system, was enrolled in the STAR-Y Program from September 2019 to June 2022, although the original program was designed for one year. She was deemed eligible for the program related to baseline risk factors and warning signs noted in Table 4 including having a history of physical abuse, feeling abandoned by her biological family, and having concerning Internet behaviour. She had been in care since 2017 and had been living with her foster parents for approximately one year when she started the program. Taylor had two placements in the three years before living with her foster parents.

Taylor lived with two highly knowledgeable foster parents who had over 15 years of experience working with children and adolescents with various mental health and behavioural

challenges. One of these foster parents participated in our program; however, both foster parents participated in all relevant training (e.g., trauma, behaviour management, and sex trafficking).

Lou, a 17-year-old female in the child welfare system, was enrolled in the STAR-Y Program from September 2019 to April 2020. Lou was deemed eligible for the program related to a history of emotional and physical abuse, mental health difficulties and past trauma, suspected partners who were significantly older, traveling in cars with unknown individuals, and having concerning Internet behaviour. Lou had been living with her foster parents for 2 years when she started the program. She had a longstanding history of abuse from her caregivers, which placed her in care at a young age before she returned to live with new family members. She eventually came back into care in 2017 related to caregiver abuse concerns, and her mental health, safety, and behavioural concerns. Lou had received several different mental health treatments before coming into our program.

Lou lived with experienced foster parents, although switched homes during the program in 2019 due to a breakdown in the foster parent-youth relationship. Lou moved in with a new foster parent who lived in a different jurisdiction. This foster parent had less experience working with adolescent females at risk of sexual exploitation. Educational training and resources were offered to Lou's new foster parent as part of the STAR-Y program, and she participated in monitoring Lou's risk through weekly logs. Lou lived with her new foster parent for three months before returning to live with her biological family when she turned 18 years old.

Anne, a 15-year-old female youth in child welfare, was enrolled in the STAR-Y program in July 2021. Anne was deemed eligible for the program related to her history of sexual abuse, feeling abandoned by her family, having early sexual experiences prior to age 14, having concerning Internet behaviours, and being photographed in a sexually explicit manner by older

individuals online. She was placed into care due to her caregivers reporting that they could not manage her behaviour. Anne had been living with her foster parent for approximately one year prior to entry into the program.

Anne's foster parent had one other foster youth and two biological family members living in the home. She had over 15 years of experience and was dedicated to learning more about sexual exploitation and how she could support Anne and other youth who are at risk.

Data Collection Strategies

Foster Parent Assessment. Each year, foster parents participated in four 1-hour interviews that predominantly focused on the foster parent-youth relationship. Interview questions were open-ended and included questions about their perceptions of the foster youth's placement, their relationship with their foster youth, and how they— as the foster parent – were coping with stress. Foster parents also completed a weekly monitoring log online using the Qualtrics survey system. Weekly logs asked questions about foster parents' perceptions of their foster youth's behaviour including various risk and protective factors.

Youth Assessment. As per the study description, the youth participated in a half-day social-emotional assessment with a clinical psychologist. The goal was to understand the youth's baseline social and emotional functioning, provide any relevant diagnoses, determine motivation for change, and recommend wraparound supports. Specific assessment tools were individualized by the psychologist based on their clinical judgement. These included various interview protocols and structured assessment tools: ASEBA Youth Self-Report (YSR), Personality Assessment Inventory (PAI), Projective Drawings, The Forer Structured Sentence Completion Test, and a review of the universal screening tool that assessed risk and protective factors. Following this assessment, specific wraparound supports were recommended by the psychologist

and considered by the child welfare clinical team as part of the STAR-Y program. Some wraparound services include case management, psychological support, medical care, peer mentorship, legal assistance, foster parent mentorship, crisis intervention, and leisure recommendations. However, given the individualized nature of the program, wraparound supports could be flexible, ranging from dental support to travel funding to support the foster-parent child relationship.

In addition, three 1 hour interviews took place every four months throughout the year. Interviews were completed in person before the March 2020 onset of the COVID-19 pandemic and subsequently were completed online during the pandemic through secure video platforms. Interview questions predominantly focused on: the youth's ongoing experience at her placement, her relationship with her foster parents, romantic partners, peers, and her mental health. The interviews were therefore designed to assess whether the risk of sexual exploitation was changing over time. Youth were additionally provided with 5-minute monthly telephone check-in phone calls which focused on risk and protective factors in line with the foster parent monitoring logs.

Data Analysis. Data analysis was predominantly qualitative and maintained the longitudinal nature of the data. Initial information from the social-emotional assessment was used to identify and describe baseline youth risk and protective factors and program recommendations. Through monitoring logs and check-ins, we evaluated perceived changes in youth risk behaviours over time, such as: running away, missing incidents, truancy, disruptive behaviours, engagement with negative peers, engagement with a trafficker, substance use, and contact with police. We also evaluated foster parent and youth perceived changes over time in

youth protective factors including engagement with wrap-around supports, leisure, academics, contact with birth family, prosocial peers, and returning home after running away.

Baseline risk data, including initial interviews with child welfare personnel, the YST screening tool, and the social-emotional assessment was organized descriptively through content analysis (Hsieh & Shannon, 2005; Wu et al., 2016). The interviews with foster parents and youths were analyzed through reflexive thematic analysis (Braun & Clarke, 2006; Braun & Clarke, 2019) using Atlas.ti software with a focus on the themes inherent to risk and protective factors and lessons learned as a result of program implementation. This process involved identifying, analyzing, and reporting patterns within the data. Taken as a whole, the qualitative data analysis allowed us to discover changes over time in youth risk at various levels identified through different pieces of data (e.g., monitoring logs and interviews). Case studies exploring the data analyzed above provided us with a deeper understanding of both the broader and individual changes in risk and protective factors identified for each set of participants (foster parents and youth).

The process of program implementation was assessed both quantitatively and qualitatively in the case studies, by concretely identifying and describing aspects of fidelity and whether the program was delivered as intended. Key variables of interest included: how many participants received the program, length of participation, and lessons learned such as challenges and successes that occurred throughout implementation.

Results

Data were analyzed using a multi-case approach to evaluate the process and initial outcomes of the STAR-Y program, with names de-identified to protect the confidentiality of the participants. The below questions guided the data analysis and results derived.

Question (a): what are the baseline risk and protective factors common for the youth in the program? Table 4 provides baseline data for all youth in the program organized descriptively through content analysis. As indicated in Table 4, youth involved in the STAR-Y program presented with several risk factors including adverse experiences, past injury, lack of connection with their cultural community, high turnaround of caregivers, history of physical and/or sexual abuse, various mental health diagnoses and developmental trauma. Youth also presented with being in the “grey zone” as per the YST (Asghari & Connolly) – or possibly already involved in sexual exploitation – related to their unsafe relationships and sad affect such as having feelings of abandonment, early sexual experiences (before the age of 14 years), and suspicion of having multiple or older sexual partners. Lastly, and most notably, all youth in the program presented with at least one clear warning sign of sexual exploitation such as concerning Internet behaviour, traveling in cars with unknown individuals, and being watched and filmed or photographed in a sexually explicit manner.

Table 4**Baseline Risk Factors and Warning Signs for Youth Enrolled in the START with the YOUTH exploratory therapeutic program**

<i>Participant</i>	<i>Taylor</i>	<i>Lou</i>	<i>Anne</i>
Risk factors and Warning Signs			
Demographics and Injury	<ul style="list-style-type: none"> - Lacks connections with their cultural community - History of physical abuse - Diagnosis of ADHD and symptoms of developmental trauma 	<ul style="list-style-type: none"> - History of emotional and physical abuse and parental substance abuse - Youth has experienced serious injury (e.g., family, friend, romantic partner) - History of self-harm, suicide ideation, depressive symptoms, anxiety, aggression, school refusal, sleep difficulties, and isolation - Developmental trauma - Persistent Depressive Disorder - Learning Disability 	<ul style="list-style-type: none"> - History of orphanage - History of sexual abuse - Persistent low mood - Post-traumatic stress - Possible attachment disorder - Insomnia
Grey Zone: Relationships and Affect	<ul style="list-style-type: none"> - Youth feels abandoned by biological family - Youth has concerning social relationships (experiences exclusions) - First sexual experience occurred at 14 years or younger - Youth has had multiple sexual partners in the last year 	<ul style="list-style-type: none"> - High turnaround of caregivers (parents, grandparents, and foster care) - Youth feels abandoned by biological family - Suspected partner who is significantly older - Suspected of history of having multiple partners in a short period - Biological parent was unable to provide adequate supervision 	<ul style="list-style-type: none"> - Youth feels abandoned - First sexual experience occurred at 14 years or younger - Youth has unhealthy peer relationships, including deviant friends or faces social exclusion - First sexual experience occurred at 14 years or younger
Warning Signs: Environment, Behaviour	<ul style="list-style-type: none"> - Youth has concerning internet behaviour 	<ul style="list-style-type: none"> - Youth hitch-hikes or travels in cars with unknown individuals 	<ul style="list-style-type: none"> - Youth spends time where exploitation is

		<ul style="list-style-type: none"> - Youth has concerning internet behaviours 	<ul style="list-style-type: none"> - misleading information - Youth presents with substance use difficulties - Youth has concerning internet behaviours - Youth is watched, filmed, or photographed in a sexually explicit manner
Protective factors			
	<ul style="list-style-type: none"> - Involved in extracurricular activities and groups - Hobbies and interests across domains - No academic issues - Future goal to attend post-secondary school - No truancy issues - No substance misuse - A safe home - No clinical levels of emotional distress at present 	<ul style="list-style-type: none"> - Average cognitive abilities overall - Religious affiliation - Over last two years has made good progress at school in terms of obtaining credits - Improved connection to peers over last year - Desire to pursue work with animals - Drive to be independent/self-sufficient - No reports of substance misuse - No trouble with the law 	<ul style="list-style-type: none"> - No academic issues - Future orientation and goal to join military - Some prosocial peer relations - Resilient despite developmental trauma - Willingness to engage in psychological therapy
Program Recommendations			
	<ul style="list-style-type: none"> - Educational strategies and support - Continued involvement in extracurricular including financial support to maintain her participation 	<ul style="list-style-type: none"> - Develop a plan for youth complete high school credits - Develop youth's interests (placements with animals) - Development of life skills and occupational skills - Support to find a part-time job - Equine therapy or therapy involving 	<ul style="list-style-type: none"> - Continued individual psychotherapy for past sexual trauma and insomnia - Support activities outside of school: physical exercise, extracurricular activities,

	<ul style="list-style-type: none"> - Support new interests - Financial and practical support to allow her to pursue post-secondary school - Supports to remain in current foster home for as long as possible - Opportunities to engage in her culture - Individual therapy - Mentor to assist in building social connections 	<ul style="list-style-type: none"> rehabilitation of abused animals - Support future by having conversations that focus on what she can do rather what she cannot do - Continue (mental, financial, education, and life skill) support for youth past age 18 - Monitoring mental health and adaptive functioning by people close and her medical doctor 	<ul style="list-style-type: none"> solitary activities - Exploration of vocational opportunities - Support building self-concept and confidence - Romantic relationships and sex education - Support with building of vocabulary and concept comprehension - Enhancement of social comprehension - Having a female mentor - Vision care for eyesight - Medication management for iron pills
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Note. All information provided above is de-identified. No real participants names are used

All youth also presented with various protective factors including their involvement in extracurricular activities and groups, being future-oriented and having goals, having hobbies and personal interests, and not having involvement with the law. As per the STAR-Y program, supports recommended across participants varied but generally included educational strategies and support, leisure opportunities, financial and practical support, individual therapy, mentorship, part-time job resources, healthy relationship, and sex education, and medication management.

Question (b): what risk (& protective) factors changed over time? As per the qualitative analyses, several risks and protective factors including foster parent-specific factors were noted to change over time across participants. There appeared to be a growing *importance of the foster-parent youth relationship* over time (noted 156 times across interviews) and increasing in positivity throughout discussions with youth. There also appeared to be a steady increase in *requests for wraparound supports* (79 times), likely with youth and foster parents developing greater comfort in the STAR-Y program over time. Other factors of youth risk and protective factors that changed over time included increases in *foster parent monitoring and supervision* (55), *more positive and openly discussed youth friendships* (35), *youth discussions surrounding consistency and stability* (34), and *decreases in youth engaging in concerning Internet behaviour* (30). Changes in risk according to each participant are described below.

Taylor. Taylor was involved in the program for 3 years. By the end of her involvement, the most high frequency codes included Taylor gradually became more assertive in requesting *wraparound supports* (noted 19 times with an increase toward the end of her participation), as well as a heightened focus on securing a *part-time job* (10). The importance of the *foster parent-youth connection* appeared to increase in discussion as well as in positivity (12), and Taylor steadily *continued her search for stability* (10).

Related to risk and warning signs, by the end of year 3, Taylor was engaged in less concerning Internet behaviour. While she still engaged in online gaming with peers, qualitative results indicated that she had fewer inappropriate sexually explicit conversations online and was not sharing sexual content. Given that some of her risks were related to her affect, Taylor presented with higher self-esteem at the end of the program, noted by her foster parents, and through her self-report interviews. For example, her foster parent noted, "*[Taylor's] self-esteem has blossomed which is the biggest defense against these awful crummy boys.*"

By the end of the three years, Taylor had several prosocial friendships, new hobbies, and interests, a safe and supported home, was involved in many extracurricular activities, had a part-time job, and had future goals to attend post-secondary school. She also requested to re-engage with therapy – and other wraparound supports – based on her intrinsic motivation. Taylor's foster parent described, "*She is forthcoming, cheerful, and likes to joke around. Mostly due to COVID, she plays games online, but we also spend time playing cards or going for drives or walks.*"

Taylor's foster parents reported that they had developed a greater attachment with her over the course of the program, which they saw as essential for her growth and resilience due to Taylor's history of abandonment as an inherent risk. Given their extensive training and experience, Taylor's foster parents engaged in appropriate parental strategies including monitoring and supervision and providing clear expectations, boundaries, and discipline regarding her Internet use. Related to their perceived improvements in their relationship with Taylor, her foster parent described, "*Taylor calls us her mom and dad. One day she took a photograph of something and I photo-bombed it. She posted it online, referring to me as her mother. So it's comfortable that way. Taylor feels very much like she is in a family.*"

Despite Taylor's baseline risk factors, identified through the social-emotional assessment and other measures, she developed significant protective factors over 3 years, which contributed overall to increases in observed resilience. In particular, she no longer seemed to have concerning social relationships, experienced a stable placement despite having a history of abandonment, experienced a connection with her cultural community, and no longer demonstrated symptoms of depression and associated attention issues. Most noteworthy was Taylor's improvement in her use of the Internet, as concerning use is often a clear pathway into sexual exploitation. She was accepted into a post-secondary school and prior to living in residence on her own, she sought to re-engage in therapy, spent time with a mentor (previous foster youth) who had previously lived with her foster parents, and aimed to continue her relationship with her foster parents despite them moving away.

At the same time, while Taylor's risk decreased over time, new risks are likely to emerge as she enters possibly normative developmental stages through the transition to adulthood such as attending post-secondary school and living on her own. Taylor's foster parents are also no longer living nearby. Nonetheless, Taylor has several protective factors including a care team in the child welfare system who continue to support her well-being, access to mental health support, a stable relationship with her foster parents— even if they are not living together – and participation in extracurricular and leisure activities that continue to support her self-esteem. It is hoped that these factors counteract previous, ongoing, and new risk factors for sexual exploitation as she transitions into adulthood.

Lou. Lou was involved in the program for 6 months. By the end of her involvement in the program, the most high frequency codes included Lou's wishes to increase her *involvement in extracurricular activities and requests to continue doing so* (9), *her growing foster parent-*

youth connection (8), the need for more wraparound supports (7), and continued engagement in concerning Internet behaviour (7). Further descriptions are provided below.

Lou requested to end her involvement in the program when she turned 18 years old and moved in with a biological family member. At this time, Lou identified a few stressors, had prosocial peer interactions, and reported that she was doing well, though she was not enrolled in school at the time of the final interview. Lou was receiving support through a nurse practitioner and no longer wanted to accept support from the child welfare system. Regardless of some decrease in risk factors, clear warning signs continued to exist related to concerning Internet behaviour. Specifically, Lou had an online romantic partner whom she planned to move out of the country to live with. Lou also experienced three transitions between caregivers during the course of the STAR-Y program.

A promising protective factor for Lou included the connection she was able to build with her second foster parent, despite her struggle to connect with her initial foster parents. For example, her second foster parent described her attempts and small successes in connecting with Lou: *“When she first came here, she was feeling really down. She was doing the same things, staying in her room, and not communicating with anybody, but then [foster parent] was like, you come home, you stay in your room, and you do nothing. We needed to fix that. So today, for example, we sat down on a Sunday together and we just browsed through what she finds interesting and we’re just searching, searching, searching and we found a [type of church] [that she was interested in], so that kind of brought us closer together knowing that I would be there for her to cater to her interests in the best way possible.”*

In summary, there were some improvements in Lou’s mental health throughout her involvement in the program and she was able to develop some positive relationships. At the same

time, Lou continued to have clear warning signs for sexual exploitation including concerning Internet use, spending time in places that are high risk for sexual exploitation, and living outside her foster parent's home, which meant not being involved in care altogether.

Anne. At the time of this paper, Anne had been enrolled in the program for 9 months and was reevaluating her continuation in the program. The most frequently noted codes at the time of the evaluation included increases in the *foster parent-youth connection* (11), Anne's *motivation to change* (7), and her *involvement in extracurricular activities or desire to do so* (5). Further descriptions of these codes are provided below.

In terms of change in risk over time, Anne was attending school regularly and had started to develop prosocial peer relationships. She was actively pursuing several leisure and personal interests and was motivated to pursue further education or obtain a job. She was having regular meetings with her kinship family and plans were in motion for future reunification. Anne was also engaging in regular psychological therapy sessions.

Anne and her foster parent shared a positive relationship whereby her foster parent supported her re-unification with her kinship family and comforted her when this process was challenging. Anne's foster parent engaged in appropriate monitoring and supervision and also appeared to support Anne's independence. Anne described, "*First of all, I have a great [foster] parent. Yeah, a great [foster] parent who is not like my old parents. Yeah, it's good. It's so much better here, honestly. I have a good [foster] parent. I have really good support; have a lot of people who love and care for each other. The whole household basically loves and cares for each other. Yeah, it's better.*"

At the end of 9 months, Anne showed some improvements in mental health, including fewer symptoms of depression and anxiety and no clear warning signs for sexual exploitation

including no concerning Internet use. Her foster parent noted, *“Anne has decided to stay away from her online friends. She had that conscious decision on her own and I supported it. She has another friend from school and then she and the other foster child, they’ve developed a relationship, so they’re getting along much better and stuff.”* Moving forward, Anne planned to continue the re-unification process with her kinship family, continue working with a therapist, avoid online activities, and consider continuing in the STAR-Y program past year one, given some challenges with the reunification process.

Question (c): was the program being implemented as it was designed? Findings of the case studies largely indicate that the STAR-Y program and process was being implemented as it was designed, though some barriers to effective program implementation were identified and remedied throughout the evaluation. For one, it is important to note that the original exploratory program was designed as a one-year program, though at least one youth in the program extended her participation for over 3 years related to her level of risk and needs, and at the request of key stakeholders involved in her care.

With regards to participant engagement and the implementation of program components, three youths met eligibility criteria for the STAR-Y program, as identified by child welfare personnel, and were enrolled in the program. Successful home consultation meetings were scheduled among researchers and the clinical team; and participants were provided with education sessions consisting of researchers, child welfare personnel, and individuals with previous lived experience. Staff from child advocacy centres and other community wraparound supports were also present at various educational meetings. All youth in the program received an individualized social-emotional assessment conducted by a clinical psychologist.

Implementation difficulties predominantly surrounded wraparound supports. It was determined that some services were challenging to implement – especially those noted by the clinical psychologist in the initial assessments – related to miscommunications, system logistics, staff turnover, waitlists, and the COVID-19 pandemic including the wide-spread shift to virtual care. Some recommendations and wraparound supports were difficult to implement in a timely manner including learning accommodations and some extracurricular activities.

To rectify program implementation issues, a modified strategy was developed in 2020 midway through the course of the exploratory investigation (based on initial implementation data), and updated guidelines were provided to the clinical team. One suggestion related to the implementation of wraparound supports was sharing recommendations with the foster parents directly following the youth’s consent. A reimbursement model was also explicitly described: child welfare would provide payment for services in advance, and then receive reimbursement from the agency holding funding. A more explicit online schedule including quarterly clinical-research meetings to ‘touch base’ was scheduled around each participant and their respective team. A collaborative relationship with a university-based psychology clinic was also secured to avoid wait-lists for directing services and recommendations.

Question (d): what lessons can be learned from this investigation? From the thematic analysis, several lessons can be extracted through analyzing within and across cases. First, with regards to program implementation and process, it was identified that “*change can take time,*” and one year might not be long enough to show a positive change in these youth with significant risks in their past. As well, it was determined that a *highly coordinated approach is essential* among community agency personnel for the implementation of wraparound supports. These two lessons would likely be even more important in supporting high-risk youth who are entrenched

and actively being sexually exploited. For instance, it was determined that “a key point person” in the child welfare system was needed to ensure that wraparound supports were successfully implemented and that quarterly team meetings were necessary to discuss updates, progress, and next steps. Enrolling a youth who is entrenched might necessitate more frequent team meetings and an additional support person to assist in the timely implementation of wraparound services.

The second overarching lesson learned included the necessity of *ongoing monitoring and screening* for youth risk factors. Youth risk factors were identified through multiple sources of data including the YST screening tool in development (Asghari & Connolly, 2022). It was identified that a screening measure would be useful to administer at regularly scheduled intervals to review the changes in risk and protective factors to inform intervention planning. Related to youth who are entrenched in sex trafficking, monitoring risk and resilience through a screening measure could help highlight whether risks specific to sexual exploitation are changing over time, especially concerning clear warning signs.

A third lesson learned included the very *salient importance of the foster parent-youth relationship*. Moreover, allowing this relationship to develop and flourish required foster parent “education and training” surrounding sexual exploitation and building healthy relationships. Although the intricacies of foster parent-youth relationship were not directly explored in the present study, it was clear that having a positive relationship with a foster parent was a protective factor for the youth in the present study. However, the mechanisms of change that underlie this relationship require further exploration, especially in the broader context of enrolling youth who are entrenched in sex trafficking.

Lastly, *wraparound services* are a key factor that can buffer youth risk and provide opportunities to develop youth resilience. One youth in particular was able to develop some

assertiveness skills through leisure opportunities such as leadership camp. Another youth regularly had therapy with the therapeutic approach guided through data from her baseline individualized social-emotional assessment. Thus, youth who present with higher risks including being entrenched in sex trafficking will require efficient access to multiple wraparound services.

Discussion

The present study evaluated a new model of care – START with the YOUTH (STAR-Y) – designed to support youth who are at risk of sexual exploitation and in the care of the child welfare system. Overall, results indicated that the program was implemented successfully, with some modest areas of challenge. It was also evident that the key components of the program, namely, the coordinated approach among child welfare personnel, ongoing monitoring, and screening of youth risk factors, the quality of the foster-parent youth relationship, and provision of wraparound supports were all key contributors to youths’ improvement. At the same time, it was determined that reduction in youth risk often takes longer than one year (as initially proposed), and that specialized models of care must be flexible with length of programming in relation to youth need.

In terms of descriptive outcomes, youth risks related to involvement in sexual exploitation decreased throughout the course of the program, with the reduction in clear warning signs related to sexual exploitation noted as the most evident indicator of change across participants. Protective factors were particularly important to building resilience and reducing risk. For instance, several wraparound services were utilized and implemented including psychological therapy, leisure and extracurricular involvement, and foster parent education and training. The foster parent-youth relationship appeared to be an important protective factor contributing to the reduction of risk across participants.

Important lessons learned and themes relevant to the implementation process included that change can take time, a coordinated approach is essential, and a key point person is necessary to direct wraparound supports. Foster parent education and training were also noted to be important to implementation success. Relating more to overall outcomes, the foster parent-youth relationship was identified to be an important factor in decreasing risk, although the mechanisms of change underlying this relationship requires further exploration. Wraparound services appeared to be another factor that could buffer youth risk and provide opportunities to develop resilience.

Overall, the exploratory model of care (STAR-Y) built on programs identified in the literature and reviewed in McDonald et al. (2023) systematic review (e.g., Armstrong et al., 2016; Shuker, 2011; Shuker, 2012; Shuker, 2013; Scott et al., 2017). In line with these models, it was determined that wraparound supports and building an attachment between the foster parent and youth relationship are important components of program success (Shuker, 2019). At the same time, other programs identified throughout the literature noted implementation challenges related to foster parent recruitment (Armstrong et al., 2016; Shuker, 2013), though solutions to remedy these difficulties were not explored in great detail. For instance, an approach to “up-skill” some foster parents already trained in the system was proposed (Shuker, 2013), although there were limited discussions regarding the recruitment process in general and whether “starting with the youth” could support engagement rather than focusing on foster parent recruitment.

As for the change in risk factors over time, there are few models of care specific to youth in the child welfare system who are at risk of sex trafficking that have been evaluated longitudinally over time. Shuker (2013) evaluated outcomes over time (16-17 months) of a specialized model of care for youth involved in sex trafficking in the United Kingdom. The

overall risk of sex trafficking in general was reduced for several participants though risk factors were not differentiated from clear warning signs across a continuum. It is important to identify that some risk factors are static and will never change including genetics, family history, and demographic information; however, many of the clear warning signs and risk factors indicative of sex trafficking including engaging in concerning Internet behaviour can be modified through the addition of protective factors such as social (or foster parent) support. Thus, with respect to youth who are entrenched in sex trafficking, it might not be possible to reduce all risk factors; however, from a strengths-based perspective through careful intervention and planning, the reduction of a few key warning signs and increase in key protective factors could be enough to decrease further entrenchment in sex trafficking.

Despite there being several important outcomes and lessons learned, there are some limitations to discuss. First, it is important to note that these results are difficult to generalize given the individualized nature of the model and the small sample size. All youth involved in the study had unique backgrounds, risks, needs, and involvement in wraparound services. Thus, it is important to consider success through exploring the reduction in risk and increase in resilience on a case-by-case basis in addition to across all youth evaluated in the present study. For example, youth entrenched in sex trafficking could present with greater risk factors, and success could involve the reduction of one or two of those risk factors versus eliminating all possible risks. Second, it is difficult to determine whether the change and decrease in risk observed in some youth were related to their involvement in the program or simply due to natural change over time. It is clear that some youth, particularly the youth involved for 3 years, had several successes throughout the program, though it is difficult, at this point, to be certain of the mechanisms of change given all the variables at play including the pandemic and adolescence in

general. As noted, the COVID-19 pandemic contributed to a reduction in access to several wraparound supports and services, as well as a greater shift to virtual versus in-person care.

It will be important to continue the development, implementation, and evaluation of the present therapeutic model of care to explicate mechanisms of change, especially with regard to the impact of the foster parent-youth relationship on the reduction of risk over time. Future directions could involve enrolling caregivers other than foster parents and or youth who have greater risk including entrenchment in sex trafficking, as well as utilize a universal screening tool to understand and monitor youth risk over time.

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Chapter 4: Discussion

This dissertation consists of two comprehensive studies that significantly contribute to the literature on prevention initiatives and models of care for youth in the child welfare system, at risk of sexual exploitation. Study 1 (Chapter 2) is a systematic review of the literature on programming for youth at risk of and engaged in sex trafficking, both within and outside of child welfare, as well as interviews with experts-by-experience to contextualize the findings. Based on these results, an exploratory program was developed to provide youth in the child welfare system at risk of sexual exploitation and their foster parents with access to specialized care and wraparound support. Study 2 (Chapter 3) focused on the implementation and initial outcomes of the START with the YOUTH (STAR-Y) exploratory program by identifying changes in youth risk and protective factors over time. In the following sections, the results from these investigations are reviewed followed by an integrative summary, practice and policy implications, future directions, and limitations.

A Systematic Review and Interviews with Experts-By-Experience: Study 1

The goal of study 1 was to systematically review the literature to identify key components important for building a model of care for youth in the child welfare system at risk of sexual exploitation, as well as to interview experts-by-experience to situate the literature review findings and apply recommendations to an exploratory model of care in Ontario, Canada. This investigation identified two overarching components as being essential to a model of care for this population: 1) wraparound supports and internal case management; and 2) trained caregivers and supported homes.

With respect to wraparound services, our review identified the critical need for youth and their families to receive comprehensive mental health and medical support, education and

training for caregivers and workers, as well as the enhanced monitoring of risk and addition of protective factors over time. The importance of warm referrals, introductions between agencies, and the notion that confirmation of victimization should not be a requirement for services was emphasized (Leach, 2020). Some programs reduced barriers to service by not requiring identification and virtual service options were provided. A range of supports was noted including psychological services, survivor life coaches and mentors, legal assistance, police services, crisis management, and targeted case management (Armstrong et al., 2016; Duncan, 2016; Landers et al., 2017; Landers et al., 2020; Shuker, 2011; Shuker, 2012; Shuker, 2013; Shuker & Pearce, 2019; Scott et al., 2017). Internal coordination among child welfare workers remained key to successful program implementation including designating a key point person to carefully coordinate services.

Child welfare specific programs identified foster parent recruitment and training as being particularly important to a model of care for youth in the child welfare system, at risk of sexual exploitation (e.g., Shuker & Pearce, 2019). Moreover, caregiver personality characteristics were cited as an important factor in the successful facilitation of a model of care for youth in this population. Pre-training programs were indicated as helpful towards improving foster parents' willingness to become foster parents for youth in this population, and flexibility in working schedules, availability, and a "one-child home" was recommended whenever possible (Armstrong et al., 2016; Shuker, 2013; Scott et al., 2017).

Our interviews with experts-by-experience supported the model of care components derived from the systematic review including a wraparound response and training for caregivers in addition to explicitly focusing on prevention efforts. Experts discussed a range of prevention strategies including assessing youth risk factors, avoiding placement in group homes, targeting

high-risk youth, home placement strategies, education for parents, workers, and youth and focusing on the [child welfare] worker's relationship with the youth. As indicated, experts discussed a wraparound model to support youth at risk of sexual exploitation highlighting the collaboration of community partners including the police, case management, addiction services, and survivor-mentors. After-hours support was specifically indicated as relevant to caregivers supporting youth in this population, as was the importance of having access to youth mental health support. Experts illustrated the necessity of being able to "leave a bed open" when youth run away, and the ability to engage in methods that appear as "unorthodox" given the youth population (e.g., harm reduction approach). Experts also indicated the importance of a positive foster parent-youth relationship in decreasing youth risk over time.

Overall, converging evidence derived from both systematic review and interviews with experts-by-experience indicated that a model of care for youth at risk of sexual exploitation should include a preventative approach with wraparound supports and education for caregivers and youth. Sex education was emphasized, as well as the identification and screening of youth risk factors. Diverging from some of the literature reviewed, experts did not necessarily recommend placing high risk together in a group home (or residential setting) due to peer influence and traffickers potentially targeting areas where vulnerable youth reside. Barriers to program implementation identified through systematic review and interviews with experts-by-experience included miscommunications among community partners, limited funding, and waitlists. Social media was also noted to be a barrier to prevention, especially during the pandemic due to an increase in online socialization and the necessity of virtual programming.

The findings of this research led to the implementation of an exploratory model of care for youth in the child welfare system at risk of sexual exploitation, namely, the START with the YOUTH (STAR-Y) program.

START With The YOUTH (STAR-Y): An Evaluation of an Exploratory Child Welfare Model of Care For Youth at risk of Sexual Exploitation: Study 2

The goal of Study 2 (Chapter 3) was to evaluate the STAR-Y program. This model of care was developed in 2019 as a one-year exploratory therapeutic model to support youth (and their families) in the child welfare system, at risk of sexual exploitation. In the program, child welfare personnel identify youth as eligible – and their associated risks –using clinical judgment and the York Sex Trafficking Screening Tool (YST; Connolly & Asghari, 2022). The STAR-Y program aims to provide youth with a safe and supportive environment where they are supported through wraparound services and community agencies. Key components of the STAR-Y program include regularly scheduled collaboration and consultation among the child welfare team, crisis and case management support, an individualized psychological assessment, a community wraparound response, after-hours support, respite care, and ongoing educational opportunities related to sexual exploitation. A multi-case study approach was determined as the most appropriate way to evaluate the implementation and longitudinal outcomes of the STAR-Y program.

Relevant to implementation, findings revealed that change can take time and that a “one-year” program might not be long enough to support youth needs. As well, a highly coordinated approach to the delivery of wraparound services was identified as important to implementation success. The youth enrolled in the STAR-Y program presented with various individual risk factors including past histories of injury and sexual abuse, feelings of abandonment, and

concerning Internet behaviour. Various protective factors were identified and supports were initiated to enhance youth resilience as part of the program.

Concerning overall outcomes, several risks and protective factors were noted to change over time across participants. There appeared to be a growing importance of the foster-parent youth relationship over time along with a steady increase in requests for wraparound support. Other factors that changed over time included increases in foster parent monitoring and supervision, more positive and openly discussed conversations about youth friendships, youth discussions surrounding consistency and stability, and an overall decrease in youth engagement in concerning Internet behaviour. When directly evaluating change within individual participants, several risk factors decreased and protective factors improved in line with growth in resilience. For example, one youth presented with higher self-esteem, another found meaning in her relationship with a foster parent, and another youth became motivated by her career aspirations. It was determined that ongoing monitoring and screening for youth risk factors could support the early implementation of specific protective factors to promote resilience. Overall, the STAR-Y exploratory model of care was determined to be a promising program for youth in the child welfare system at risk of sexual exploitation.

Integrative Summary

This dissertation provides an in-depth look into the development, implementation, and evaluation of an exploratory model of care for youth in the child welfare system, at risk of sexual exploitation. Through systematic review and interviews with experts-by-experience (Chapter 2), it was determined that a model of care for this population should include specialized or knowledgeable caregivers (e.g., foster parents), enhancements to the home such as additional security and after-hours support, exceptional internal coordination, and a wraparound response to

programming. These findings directly led to the development of an exploratory program (STAR-Y). The STAR-Y program aimed to provide youth and their families with specialized support (and protective mechanisms) to circumvent possible engagement in sex trafficking. Outcomes emphasized improvements in the foster parent-youth relationship and the importance of wraparound supports. Youth also engaged in less concerning Internet behaviour which is a clear warning sign for sexual exploitation.

Theoretical Lens and the STAR-Y Program

The STAR-Y program ultimately promotes resilience through decreasing risk and increasing protective factors by implementing targeted intervention variables as per Finigan-Carr and colleagues' (2019) theoretical adaptation of the Bronfenbrenner model (1981). That is, there are four levels of factors that contribute to youth risk, and in turn, could be supported through the STAR-Y program to increase youth resilience. At a societal level, the Canadian Government implemented *The National Strategy to Combat Anti-Human Trafficking* (Public Safety Canada, 2018) with one of the focuses directed toward prevention and awareness including building pilot projects for at-risk youth; thus, the STAR-Y program is directly supporting government efforts. At a community level, due to enhanced vulnerability related to system involvement, it is necessary to screen all youth in care for risk factors indicative of sexual exploitation and provide youth with protective mechanisms to offset identified areas of risk. At the relationship/interpersonal level, the STAR-Y program provides wraparound support and targeted intervention to youth who have a history of several risk factors – including early trauma – to decrease their vulnerability to sexual exploitation. At an individual level, the STAR-Y program identifies baseline youth risk factors to provide individualized protective mechanisms and promote youth resiliency. For example, youth who have learning challenges were provided with

a psychoeducational assessment and associated recommendations, youth who had mental health concerns were provided with funding for therapy, and youth with leisure interests were given access to various extracurricular opportunities. Overall the STAR-Y program aims to prevent sexual exploitation from a systems level yet also supports youth directly through targeted intervention at an individual and relationship level.

Policy Implications and Future Directions

The present research has direct policy implications in Canada, as the goal was to create an exploratory model of care for children and youth in the child welfare system at risk of sexual exploitation. The described evaluation is especially important given the rise of sex trafficking in Canada over the last 10 years, coupled with the young age of the individuals being trafficked and their association with the child welfare system (Statistics Canada, 2016; Baird et al., 2020). Currently, there are very limited appropriate care options for youth in the child welfare system, at risk of sexual exploitation. Thus, the implemented model of care has the potential to be used broadly across multiple regions in Ontario and beyond.

In the short term, the case studies analyzed in the present investigation will assist our community partners in preparing foster parents and agency workers to support youth in this population. The present research helps to shape our understanding of promoting youth resilience through the implementation of targeted protective mechanisms that serve to decrease youth risk of involvement in sex trafficking. In particular, our research identified the need for a screening tool to broadly assess youth in the child welfare system for risk factors indicative of sexual exploitation, as well as to identify youth in care appropriate for the STAR-Y program. The York Screening Tool developed by Asghari and Connolly (2022) can help to identify youth risk along

a continuum and guide the placement decisions and wraparound supports as per the STAR-Y program.

Long-term outcomes and lessons learned from the present dissertation will help to fine-tune a model of care for youth in the child welfare system living with individuals other than foster parents (biological families), as well as youth who present with more intensive risk factors such as confirmed engagement in sex trafficking. Our research has taught us that consistency is key and parents who already have a connection with the youth, such as a biological caregiver, are likely to be more effective in supporting the youth to exit the sex trade. At the same time, many caregivers often feel ill-equipped to handle the needs of youth who have been sexually exploited; therefore, additional agency, community, and wraparound support are essential to ensure that youth and their families feel supported. However, some youth are no longer living at home, as they are living on the streets or with a trafficker and in need of a stable placement. In these circumstances, training programs must become available for foster parents interested in working with survivors of sexual exploitation.

Overall, a key barrier to implementing a model of care involves funding considerations. Funding is required for the development of a model of care to support youth in the child welfare system at risk of – or engaged in – sex trafficking. For one, a distinct training program is necessary for specialized foster parents and enhanced funding is required for foster parents to allow beds to remain "open" when youth run away from home, to allow them to have fewer children in their home, and to be able to provide enhanced care and support (i.e., have a flexible job and availability to be home with the youth during times of crisis). It seems necessary to offer these parents specific incentives including enhanced per diem to ensure that they can provide the

necessary support. Given the array of psychological services necessary for youth in this population, funding is also required to develop specialized mental health services.

Limitations

The findings from this research are not without several limitations. Although our initial program development strategy included multiple forms of evidence including both systematic review and interviews with experts, we were limited by our search strategy and methods to investigate study effectiveness. As well, a post-positivist perspective, in general, drove our qualitative research, such that we used standard questions across participants in both our interviews with experts, as well as our evaluation of the exploratory model of care. It is possible that other issues might have been discussed had interviews been conducted using an open-ended framework.

With regards to the STAR-Y program, the implementation and outcome results are difficult to generalize given the individualized nature of the model and the evaluation. Nonetheless, several lessons were learned including the importance of targeting specific – and individualized – risk factors with protective mechanisms to develop youth resilience. It is also difficult to determine whether change over time was related to youth involvement in the program or other variables including natural developmental change and real-world variables (e.g., the COVID-19 pandemic). These limitations pave the way for future research, adaptations, and outcome studies of the STAR-Y model of care.

Summary

Overall, there is a clear need to develop models of care to support youth in the child welfare system, at risk of sexual exploitation. The present dissertation identified components critical to a model of care for youth in this population through multiple forms of evidence

including a systematic literature review and interviews with experts-by-experience (i.e., survivors and child welfare personnel). Findings support a model comprised of two overarching components: 1) wraparound supports, and 2) trained caregivers and supported foster homes. From this research, the STAR-Y exploratory program was derived with a prevention framework to provide youth who present with various risk factors with targeted and individualized care and wraparound support. Multi-case process evaluation results revealed successful program implementation and a reduction in youth risk factors related to sexual exploitation including youth no longer engaging in concerning Internet behaviour. Wraparound supports and the foster parent-youth relationship appeared important in decreasing youth risk over time. Overall this dissertation contributes to clinical research and practice by exploring ways in which we can support youth in the child welfare system who are at risk of and possibly engaged in sex trafficking.

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Appendices

APPENDIX A

Project Gabriel: Inter-Agency Prevention Initiatives for the Domestic Sex Trafficking of Minors: Stakeholder Knowledge and Perspectives

Interview Protocol for Child Welfare Workers

Kyla McDonald
Kyla Baird
Dr. Jennifer Connolly

Experience with Victims of Sex Trafficking

1. Tell me about your role at CAS. How long have you been working there?
2. What is your experience interacting with victims of sex trafficking?
3. What has been the most challenging part of working with these victims

Prevention Opportunities and Challenges

Prevention efforts are pre-emptive, before any exploitation has occurred.

Given the high number of minors with CPS involvement that have been extracted from sex trafficking, YR police and YR CAS have expressed interest in collaborating on a prevention strategy.

1. Thinking big picture now. What in your opinion would be important for a prevention strategy to include?
2. What are some of the important goals for a prevention strategy? (e.g., identifying those at risk, support personal, division of roles between agencies)
3. Do you think it is possible to prevent sex trafficking?
4. To your knowledge, how does York Region Police currently work with CAS on issues of sex trafficking?
5. What are some of the basic components you see as essential to a sex trafficking prevention initiative?
 - a. What would an ideal prevention strategy look like?
 - b. What is involved?
 - c. Who is involved?
6. What would the responsibility be of each agency? Describe the role of YR police and YR CAS.
7. What are some of the benefits of YR police collaborating with YR CAS on this initiative?
8. What are some of the challenges you may anticipate for this collaboration?
9. What could be some of the barriers for prevention?
10. What are some barriers in extracting youth from the sex trade?

11. What keeps youth from exiting the sex trade?

APPENDIX B

Specialized Foster Care Project

Parent Interview Protocol

Kyla McDonald
Dr. Jennifer Connolly

HOW THE PLACEMENT IS GOING

If second interview...I haven't seen you for a little while, so I was hoping you could catch me up on how your placement has been going. We will start with a few questions related to your placement, your relationship with _____ (foster child's name), and then I will give you a few questionnaires to complete before discussing any changes in how you and your foster child have been coping these days.

1. **How is everything going in your life since the last time I've talked to you?**
2. **Could you give me an example of a really great week and a really not so great week?**
3. **How is your current foster placement working out?**
4. **Can you walk me through what a typical week looks like with (foster child's name)?**
5. **How does this placement compare to your previous placements (or home environments)?**
6. **What has been particularly challenging? Where have your successes been?**
7. **Please share any notable issues, important moments, or factors that you feel would be critical to our understanding of your experience in this placement.**
8. **How do you feel about the placement moving forward?**

RELATIONSHIP TO FOSTER PARENTS

YOUTH COMPLETES BSQ QUESTIONNAIRE FIRST

1. **Can you tell me about the people living together in your house in the last few months? Have there been any changes?**
2. **Tell me three words that describe your relationship with (foster child's name), that is, what it is like to be with your foster child? Examples for each.**
3. **Please describe your (foster child's name) personality to me?**
4. **What happens when your foster child is out of control or has difficulties with emotion regulation?**
5. **What happens when (foster child's name) is angry with you? Example. How do you feel? How do you think they feel?**
6. **Can you tell me about a time when (foster child's name) was really upset and wanted help from you? Example.**
7. **Do you ever feel that (foster child's name) does not really care about you? When? Did they know you felt like that?**
8. **What happens when (foster child's name) is not feeling well? Example.**
9. **What happens when (foster child's name) is feeling upset or sad? Example.**
10. **Does (foster child's name) turn to you for support?**

11. Do you enjoy spending time with (foster child's name)? What do you like to do together?
12. Is there anything about (foster child's name) or your relationship that we have not touched on that you'd like to tell me?

RECOVERY

1. Would you mind discussing the situation that led to your foster child's placement in this home? First interview only*
2. What kinds of things do you do to cope or manage when you are stressed or distressed?
3. Do you find your mood is different with (foster child's name) than with other children you have fostered?
4. How do you think (foster child's name) feels about being in your home right now?
5. What do you want for your (foster child's name) right now?
6. How do you feel about (foster child's name) future? What do you want for her in the future?

Please provide us with any other information about this placement, your relationships with your foster child, or how you are currently feeling that you think is important....

Specialized Foster Care Project

Youth Interview Protocol

Kyla McDonald
Dr. Jennifer Connolly

BACKGROUND AND HISTORY

****Only ask about background at interview 1:** Just so I can start to get to know you, I am going to begin with some questions about who you are, where you have lived, and who you spent time with growing up. I might jump in for further clarification here and there but I will try to keep this section quick. After that, we will move toward some questions related to your current placement, your relationship with your foster parents, and finally how you are doing right now. I will also have you fill in some questionnaires for some additional background information (i.e., YSR, Change Questionnaire, BSQs). You do not need to answer any questions that make you feel uncomfortable and you are welcome to take a break whenever you need.*

Background History	Options
How old are you? What is your birth date?	DOB (dd/mm/yyyy)
How would you describe your racial or ethnic identity?	• (Type in)
Born in Canada	○ Yes

*Cue for: <i>What area did you grow up in?</i>	<input type="radio"/> No (record country)
Is English your first language	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Other languages [text box]
Who did you live with growing up? *Cue for: <i>Number of caregivers</i>	<input type="radio"/> Biological parents <input type="radio"/> Other (see below)
Marital status of biological parents	<input type="radio"/> Married <input type="radio"/> Separated <input type="radio"/> Divorced <input type="radio"/> Widowed <input type="radio"/> Other <input type="radio"/> Would rather not say
<ul style="list-style-type: none">IF not biological parents: Who did you live with before 18?	<input type="radio"/> Adoptive parents <input type="radio"/> Foster parents <input type="radio"/> Other family members <input type="radio"/> Group home <input type="radio"/> Other [text box]
<ul style="list-style-type: none">IF relevant: At what age did you go into care?	<input type="radio"/> Age
<ul style="list-style-type: none">IF relevant: How many Foster homes did you live in?	<input type="radio"/> Number: ____
<ul style="list-style-type: none">IF relevant: How many Group homes did you live in?	<input type="radio"/> Number: ____
Did you ever live on the streets? *Why did you live on the streets? *Did you ever stay in a shelter? *Were you with anyone when you were living on the streets?	<input type="radio"/> Yes/No
Who are you living with now?	<input type="radio"/> Narrative
Do you currently have a boyfriend or girlfriend?	<input type="radio"/> Yes/No ***Administer BSQ if youth has romantic partner
Highest grade completed	<input type="radio"/> Below Grade 8 <input type="radio"/> Grade 8 <input type="radio"/> Grade 9-11 but not HS <input type="radio"/> High school degree <input type="radio"/> College diploma
Psychological problems growing up (note mental health diagnoses)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Explain [text box]
Adverse Childhood Experiences Questions	

1. While growing up, did a parent or other adult in the household often swear at you, insult you, put you down, or humiliate you? OR act in a way that made you afraid that you might be physically hurt?	<input type="radio"/> Yes <input type="radio"/> No
2. Did a parent or other adult in the household often physically abuse you?	<input type="radio"/> Yes <input type="radio"/> No
3. Did an adult or person at least 5 years older than you ever touch or fondle you or have you touch their body in a sexual way? OR try to actually have oral, anal, or vaginal sex with you?	<input type="radio"/> Yes <input type="radio"/> No
4. Did you often feel that no one in your family loved you or that your family didn't look out for each other?	<input type="radio"/> Yes <input type="radio"/> No
5. Did you often feel that your needs were not being met? (You didn't have enough to eat; your parents were too drunk or high to care of you, etc.).	<input type="radio"/> Yes <input type="radio"/> No
6. Were your parents ever separated or divorced?	<input type="radio"/> Yes <input type="radio"/> No
7. Was your mother or stepmother ever physically abused?	<input type="radio"/> Yes <input type="radio"/> No
8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?	<input type="radio"/> Yes <input type="radio"/> No
9. Was a household member depressed or mentally ill or did a household member attempt suicide?	<input type="radio"/> Yes <input type="radio"/> No
10. Did a household member go to prison?	<input type="radio"/> Yes <input type="radio"/> No

HOW THE PLACEMENT IS GOING

If second interview...I haven't seen you for a little while, so I was hoping you could catch me up on how your placement has been going. We will start with a few questions related to your placement, your relationship with your foster parents, and then I will give you a few questionnaires to complete before discussing any changes in how you have been coping these days.

9. How is everything going in your life since the last time I've talked to you?

10. Could you give me an example of a really great week and a really not so great week?
11. How is your current foster placement working out?
12. Can you walk me through what a typical week looks like at your foster placement?
13. How does this placement compare to your previous placements (or home environments)?
14. What has been particularly challenging? What has been most successful?
15. Please share any notable issues, important moments, or factors that you feel would be critical to our understanding of your experience in this placement.
16. How do you feel about the placement moving forward?

RELATIONSHIP TO FOSTER PARENTS
YOUTH COMPLETES BSQ QUESTIONNAIRE FIRST

13. Can you tell me about the people living together in your house in the last few months? Have there been any changes
14. Tell me three words that describe your relationship with your foster parents, that is, what it is like to be with your foster parents? Examples for each.
15. What happens when your foster parents are angry with you or discipline you? Example. How do you feel?
16. Can you tell me about a time when you were really upset and wanted help from your foster parents? Example.
17. Do you ever feel that your foster parents do not really care about you? When? Did they know you felt like that?
18. What happens when you are not feeling well? Example.
19. What happens when you are feeling upset or sad? Example.
20. Do you turn to your foster parent for support?
21. Do you enjoy spending time with your foster parents? What do you like to do together?
22. Is there anything about your foster parents or your relationship that we have not touched on that you'd like to tell me?

RECOVERY

7. What kinds of things do you do to cope or manage when you are stressed or distressed?
8. What is your normal mood like?
9. Have you accessed any wraparound services? Can you describe your experience with these services (psychological, medical, life coach, etc.)? Have they been helpful?
10. How do you feel about yourself right now?
11. How do you feel about your future?

Please provide us with any other information about your placement, your relationships with your foster parents, or how you are currently feeling that you think is important....

APPENDIX C

START with the Youth pilot program overview

START with the YOUTH pilot program for youth at risk of sexual exploitation
<p>Potential Youth is identified by Child Welfare organization: In the modified program, the youth is identified by child welfare personnel for potential eligibility to the ‘START with the Youth’ pilot therapeutic model of care.</p>
<p>Home Consultation meeting scheduled between researchers and clinical team: A meeting is scheduled to discuss the potential youth’s sex trafficking risk factors, family dynamics and living situation including training needed for caregivers, and child welfare team’s thoughts surrounding youth eligibility for the model of care.</p> <p>York University researchers provide child welfare organization with the YST (York Sex Trafficking tool) to assess risk factors.</p>
<p>Child welfare organization discusses the pilot program with youth and family: <i>Benefits of Participation:</i></p> <ul style="list-style-type: none"> • Team collaboration and consultation with enhanced model for communication between foster parents, CAS staff and service providers • Case management support – Children’s Service Worker trained in responding to the complexities of human trafficking • Community wrap-around response: <ul style="list-style-type: none"> – Foster parent and youth psychological care – Pediatrician – Victim Services – York Regional Police Human Trafficking Team – Survivor life coach for teen and foster parent mentor – Leisure and reaction activities – <i>*Support can be adapted to family needs based on preference/location</i> • Crisis support (e.g., responding to running behaviours) • Safeguarding the foster home including internet safety • Financial support • After hours support from CAS supervisors • Respite care • On-going learning opportunities including understanding dynamics of sex trafficking
<p>Research components: <i>Evidence-Based Model of Care Evaluation:</i></p> <ul style="list-style-type: none"> • Unique project in Ontario for at risk and rescued teens <p><i>How Youth and Caregiver can Help Us Learn and Improve Model of Care:</i></p> <ul style="list-style-type: none"> • Participate in research evaluation - <i>compensation provided</i> • Parent research tasks: <ul style="list-style-type: none"> – Four interview sessions – Weekly monitoring logs • Teen research tasks: <ul style="list-style-type: none"> – Psychological assessment in order to receive individualized support

- 5 minute monthly check-ins with researcher (\$120 gift card)
- Three 1.5 hour interview sessions (\$30 gift card per interview)

Information session with child welfare workers and potential family:

Families who continue to identify themselves as “interested” are invited to attend an in-person training/workshop. In line with recommendations from the literature, this training will include information from key stakeholders: 1) researchers, 2) child welfare agencies, and 3) other wraparound supports, 4) a survivor with lived experience, 5) Police Human Trafficking Detectives, and 6) foster parents with lived experience. We will also provide families with an audio recording of the training for those who cannot attend.

Families who continue to express interest are invited to meet with researchers to discuss the research evaluation and provide consent:

Researchers will meet with caregiver(s) and youth separately and together to discuss the program and issues of consent. For families who consent to participation, a schedule will be created to complete interviews and questionnaires (conducted via Microsoft Teams or Zoom). Weekly monitoring logs and monthly monitoring check-ins will also be discussed with family.

Consultation meetings will be scheduled between child welfare and research personnel in line with caregiver interviews (approximately quarterly):

Children’s Service Workers and Family Services Workers are essential to ensuring that wraparound services are secured for families involved in the program. Child welfare personnel will determine which clinical services are needed for the family based on their history with the family, risks related to sex trafficking, and the individualized assessment organized by the research team. Consultation meetings will serve to provide updates and progress with regards to wraparound services and funding.

Youth Social-Emotional Assessment and interviews scheduled:

Youth in our pilot program are provided with an individualized assessment to understand each youth’s social/emotional and mental health functioning including any relevant diagnoses, motivation for change, and recommended wraparound supports. The report is provided to the Children’s Service Worker. Research interviews are also scheduled with youth.